

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Scott, Shannon S

Printed Name(s) of Debtor(s)

X /s/ Shannon S Scott

Signature of Debtor

11/20/2008

Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any) Date

| United States Bankruptcy Court Northern District of Illinois | | | | | | Voluntary Petition | |
|--|--|--|--|---|--|-------------------------------------|--|
| Name of Debtor (if individual, enter Last, First, Middle): Scott, Shannon S | | | | Name of Joint Debtor (Spouse) (Last, First, Middle): | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7806 | | | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): | | | |
| Street Address of Debtor (No. & Street, City, State & Zip Code): 2336 W Waveland Ave Chicago, IL | | | | Street Address of Joint Debtor (No. & Street, City, State & Zip Code): | | | |
| ZIPCODE 60618-4839 | | | | ZIPCODE | | | |
| County of Residence or of the Principal Place of Business: Cook | | | | County of Residence or of the Principal Place of Business: | | | |
| Mailing Address of Debtor (if different from street address) | | | | Mailing Address of Joint Debtor (if different from street address): | | | |
| ZIPCODE | | | | ZIPCODE | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | ZIPCODE | | | |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____ | | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts. | | | |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | | Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | |
| Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | | | THIS SPACE IS FOR COURT USE ONLY | |
| Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 | | | | | | | |
| Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | | | |
| Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion | | | | | | | |

| | | | |
|--|--|--|-------------|
| Voluntary Petition (This page must be completed and filed in every case) | | Name of Debtor(s): Scott, Shannon S | |
| Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) | | | |
| Location Where Filed: None | | Case Number: | Date Filed: |
| Location Where Filed: | | Case Number: | Date Filed: |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) | | | |
| Name of Debtor: None | | Case Number: | Date Filed: |
| District: | | Relationship: | Judge: |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. | | Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Derek V Lofland 11/20/08 Signature of Attorney for Debtor(s) Date | |
| Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No | | | |
| Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition. | | | |
| Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | | |

Voluntary Petition
(This page must be completed and filed in every case)

Name of Debtor(s):
Scott, Shannon S

Signatures

| | |
|--|--|
| <div>Signature(s) of Debtor(s) (Individual/Joint)</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <div><div>X</div><div>/s/ Shannon S Scott</div><div>Signature of Debtor</div><div>Shannon S Scott</div></div> <div><div>X</div><div></div><div>Signature of Joint Debtor</div></div> <div><div></div><div></div><div>Telephone Number (If not represented by attorney)</div></div> <div><div>November 20, 2008</div><div>Date</div></div> | <div>Signature of a Foreign Representative</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)</p> <div><div><input type="checkbox"/></div>I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</div> <div><div><input type="checkbox"/></div>Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</div> <div><div>X</div><div></div><div>Signature of Foreign Representative</div></div> <div><div></div><div></div><div>Printed Name of Foreign Representative</div></div> <div><div></div><div></div><div>Date</div></div> |
|--|--|

| | |
|--|--|
| <div>Signature of Attorney*</div> <div><div>X</div><div>/s/ Derek V Lofland</div><div>Signature of Attorney for Debtor(s)</div><div>Derek V Lofland 6280490</div><div>Printed Name of Attorney for Debtor(s)</div><div>Gleason & Gleason</div><div>Firm Name</div><div>77 W Washington, Ste 1218</div><div>Address</div><div>Chicago, IL 60602</div><div>(312) 578-9530</div><div>Telephone Number</div><div>November 20, 2008</div><div>Date</div><div>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</div></div> | <div>Signature of Non-Attorney Petition Preparer</div> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <div><div></div><div></div><div>Printed Name and title, if any, of Bankruptcy Petition Preparer</div></div> <div><div></div><div></div><div>Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</div></div> <div><div></div><div></div><div>Address</div></div> |
|--|--|

| | |
|---|---|
| <div>Signature of Debtor (Corporation/Partnership)</div> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <div><div>X</div><div></div><div>Signature of Authorized Individual</div></div> <div><div></div><div></div><div>Printed Name of Authorized Individual</div></div> <div><div></div><div></div><div>Title of Authorized Individual</div></div> <div><div></div><div></div><div>Date</div></div> | <div><div>X</div><div></div><div>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.</div></div> <div><div></div><div></div><div>Date</div></div> <div>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</div> <div><div></div><div></div><div></div></div> <div>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i></div> |
|---|---|

IN RE:

Scott, Shannon S

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Shannon S Scott

Date: November 20, 2008

IN RE:

Case No. _____

Scott, Shannon S

Chapter 13

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NUMBER OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|---------------------|-------------|--------------|-------------|
| A - Real Property | Yes | 1 | \$ 0.00 | | |
| B - Personal Property | Yes | 3 | \$ 3,960.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | \$ 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | \$ 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 2 | | \$ 68,699.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | \$ 2,893.27 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | \$ 2,188.00 |
| TOTAL | | 13 | \$ 3,960.00 | \$ 68,699.00 | |

IN RE:

Case No. _____

Scott, Shannon S

Chapter 13

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|---------------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 15,911.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 15,911.00 |

State the following:

| | |
|---|-------------|
| Average Income (from Schedule I, Line 16) | \$ 2,893.27 |
| Average Expenses (from Schedule J, Line 18) | \$ 2,188.00 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ 4,498.57 |

State the following:

| | | |
|--|---------|--------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | \$ 0.00 |
| 4. Total from Schedule F | | \$ 68,699.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 68,699.00 |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|---|------------------------------------|---|-------------------------|
| None | | | | |
| TOTAL | | | 0.00 | |

(Report also on Summary of Schedules)

IN RE Scott, Shannon S

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|---------------------------------------|--|
| 1. Cash on hand. | | Cash on Hand | | 50.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Checking account w/ Citibank - negative balance | | 0.00 |
| | | Checking account w/ Washington Mutual | | 5.00 |
| | | Savings account w/ Washington Mutual | | 5.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | | Security Deposit w/ Landlord - \$525.00 - No value to the Debtor | | 0.00 |
| 4. Household goods and furnishings, include audio, video, and computer equipment. | | Misc Household Goods | | 1,500.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | | Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles | | 350.00 |
| 6. Wearing apparel. | | Used Clothing | | 400.00 |
| 7. Furs and jewelry. | | Misc Costume Jewelry | | 150.00 |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | | Term life thru work - no cash value | | 0.00 |
| 10. Annuities. Itemize and name each issue. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401(k) with current employer - 100% Exempt | | 1,500.00 |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |

IN RE **Scott, Shannon S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |

IN RE **Scott, Shannon S**

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| TOTAL | | | | 3,960.00 |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)
[] Check if debtor claims a homestead exemption that exceeds \$136,875.

- [] 11 U.S.C. § 522(b)(2)
- [x] 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--------------------------------------|----------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY | | | |
| Cash on Hand | 735 ILCS 5 §12-1001(b) | 50.00 | 50.00 |
| Checking account w/ Washington Mutual | 735 ILCS 5 §12-1001(b) | 5.00 | 5.00 |
| Savings account w/ Washington Mutual | 735 ILCS 5 §12-1001(b) | 5.00 | 5.00 |
| Misc Household Goods | 735 ILCS 5 §12-1001(b) | 1,500.00 | 1,500.00 |
| Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colleitions or collectibles | 735 ILCS 5 §12-1001(b) | 350.00 | 350.00 |
| Used Clothing | 735 ILCS 5 §12-1001(a) | 400.00 | 400.00 |
| Misc Costume Jewelry | 735 ILCS 5 §12-1001(b) | 150.00 | 150.00 |
| 401(k) with current employer - 100% Exempt | 735 ILCS 5 §12-1006(a) | 1,500.00 | 1,500.00 |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i> | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|---|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. | | | | | | | |
| | | Value \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | Value \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | Value \$ | | | | | |
| ACCOUNT NO. | | | | | | | |
| | | Value \$ | | | | | |
| Subtotal (Total of this page) | | | | | | \$ | \$ |
| Total (Use only on last page) | | | | | | \$ | \$ |

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE **Scott, Shannon S**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 20 Bank Of America Pob 17054 Wilmington, DE 19884-0001 | | Revolving account opened 2/07 | | | | 19,024.00 |
| ACCOUNT NO. 5003 Bank Of America 4060 Ogletown/Stn Newark, DE 19713 | | Revolving account opened 1/03 | | | | 6,117.00 |
| ACCOUNT NO. 486236257704 Cap One PO Box 85520 Richmond, VA 23285-5520 | | Revolving account opened 8/05 | | | | 986.00 |
| ACCOUNT NO. 546616025648 Citi PO Box 6241 Sioux Falls, SD 57117-6241 | | Revolving account opened 4/03 | | | | 15,500.00 |

1 continuation sheets attached

Subtotal
(Total of this page) \$ **41,627.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE **Scott, Shannon S**

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 542418060508 Citi PO Box 6241 Sioux Falls, SD 57117-6241 | | Revolving account opened 1/05 | | | | 7,168.00 |
| ACCOUNT NO. 92084 Citibankna 1000 Technology Dr O Fallon, MO 63368-2239 | | Revolving account opened 7/08 | | | | 2,339.00 |
| ACCOUNT NO. 2103049265702 Dsnb Bloom 9111 Duke Blvd Mason, OH 45040-8999 | | Revolving account opened 5/08 | | | | 752.00 |
| ACCOUNT NO. 92241912581001220040227 Sallie Mae PO Box 9500 Wilkes Barre, PA 18773-9500 | | Installment account opened 2/04 | | | | 15,911.00 |
| ACCOUNT NO. 5856373035104673 Wfnnb/ann Taylor PO Box 182273 Columbus, OH 43218-2273 | | Revolving account opened 7/07 | | | | 902.00 |
| ACCOUNT NO. | | | | | | |
| ACCOUNT NO. | | | | | | |

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **27,072.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)Total
\$ **68,699.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|---|--|
| | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| | | |
|--|--|---------|
| Debtor's Marital Status Single | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): | AGE(S): |
| EMPLOYMENT: DEBTOR | | SPOUSE |
| Occupation Name of Employer How long employed Address of Employer | Human Resources Wrigley Jr, Company 8 months 410 N Michigan Ave Chicago, IL 60611 | |

| | | |
|--|--------------------|----------|
| INCOME: (Estimate of average or projected monthly income at time case filed) | DEBTOR | SPOUSE |
| 1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly) | \$ 4,167.43 | \$ _____ |
| 2. Estimated monthly overtime | \$ _____ | \$ _____ |
| 3. SUBTOTAL | \$ 4,167.43 | \$ _____ |
| 4. LESS PAYROLL DEDUCTIONS | | |
| a. Payroll taxes and Social Security | \$ 970.69 | \$ _____ |
| b. Insurance | \$ 53.41 | \$ _____ |
| c. Union dues | \$ _____ | \$ _____ |
| d. Other (specify) 401K | \$ 250.06 | \$ _____ |
| | \$ _____ | \$ _____ |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS | \$ 1,274.16 | \$ _____ |
| 6. TOTAL NET MONTHLY TAKE HOME PAY | \$ 2,893.27 | \$ _____ |
| 7. Regular income from operation of business or profession or farm (attach detailed statement) | \$ _____ | \$ _____ |
| 8. Income from real property | \$ _____ | \$ _____ |
| 9. Interest and dividends | \$ _____ | \$ _____ |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above | \$ _____ | \$ _____ |
| 11. Social Security or other government assistance (Specify) _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| 12. Pension or retirement income | \$ _____ | \$ _____ |
| 13. Other monthly income (Specify) _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| 14. SUBTOTAL OF LINES 7 THROUGH 13 | \$ _____ | \$ _____ |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14) | \$ 2,893.27 | \$ _____ |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15) | \$ 2,893.27 | |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| | | |
|---|----|--------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 525.00 |
| a. Are real estate taxes included? Yes ____ No <input checked="" type="checkbox"/> | | |
| b. Is property insurance included? Yes ____ No <input checked="" type="checkbox"/> | | |
| 2. Utilities: | | |
| a. Electricity and heating fuel | \$ | 197.00 |
| b. Water and sewer | \$ | |
| c. Telephone | \$ | 95.00 |
| d. Other Cable And Internet | \$ | 95.00 |
| Cell Phone | \$ | 95.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | |
| 4. Food | \$ | 350.00 |
| 5. Clothing | \$ | 100.00 |
| 6. Laundry and dry cleaning | \$ | 75.00 |
| 7. Medical and dental expenses | \$ | 75.00 |
| 8. Transportation (not including car payments) | \$ | 250.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | |
| 10. Charitable contributions | \$ | |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | | |
| a. Homeowner's or renter's | \$ | |
| b. Life | \$ | |
| c. Health | \$ | |
| d. Auto | \$ | |
| e. Other _____ | \$ | |
| 12. Taxes (not deducted from wages or included in home mortgage payments) | | |
| (Specify) _____ | \$ | |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$ | |
| b. Other Student Loan | \$ | 156.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | |
| 15. Payments for support of additional dependents not living at your home | \$ | |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | |
| 17. Other Personal Care And Grooming | \$ | 150.00 |
| Bank Fees & Postage | \$ | 25.00 |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$2,188.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

| | | |
|--|----|----------|
| 20. STATEMENT OF MONTHLY NET INCOME | | |
| a. Average monthly income from Line 15 of Schedule I | \$ | 2,893.27 |
| b. Average monthly expenses from Line 18 above | \$ | 2,188.00 |
| c. Monthly net income (a. minus b.) | \$ | 705.27 |

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 15 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: November 20, 2008 Signature: /s/ Shannon S Scott
Shannon S Scott Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.) _____
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Scott, Shannon S

Case No. _____

Chapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|-----------|---------------------------------------|
| 45,000.00 | 2006 Income from employment |
| 35,000.00 | 2007 Income from employment |
| 4,656.54 | 2008 Income from employment (monthly) |

2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a, or b., as appropriate, and c.

- None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|---|--|
| Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 | 9/11/2008 | 500.00 |

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|---|---------------------------------------|
| Wrigley Company | Stock Account | 10/2008 - \$1,000.00 back |

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---|-----------|--------------------|
| 4019 N Kenmore Ave, #1, Chicago, IL | Same | Moved 10/08 |
| 1301 W Fletcher St, #205, Chicago, IL 60657 | Same | Moved |

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **November 20, 2008** Signature **/s/ Shannon S Scott**
of Debtor **Shannon S Scott**

Date: _____ Signature _____
of Joint Debtor
(if any)

_____ **0** continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Scott, Shannon S

Chapter 13

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 8

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: November 20, 2008

/s/ Shannon S Scott

Debtor

Joint Debtor

Scott, Shannon S
2336 W Waveland Ave
Chicago, IL 60618-4839

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Bank Of America
Pob 17054
Wilmington, DE 19884-0001

Bank Of America
4060 Ogletown/Stn
Newark, DE 19713

Cap One
PO Box 85520
Richmond, VA 23285-5520

Citi
PO Box 6241
Sioux Falls, SD 57117-6241

Citibankna
1000 Technology Dr
O Fallon, MO 63368-2239

Dsnb Bloom
9111 Duke Blvd
Mason, OH 45040-8999

Sallie Mae
PO Box 9500
Wilkes Barre, PA 18773-9500

Wfnnb/ann Taylor
PO Box 182273
Columbus, OH 43218-2273

IN RE:

Case No. _____

Scott, Shannon S

Chapter 13

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **3,500.00**

Prior to the filing of this statement I have received \$ **500.00**

Balance Due \$ **3,000.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Litigation / Adversary Proceedings
\$400.00 for Motions to Redeem
Credit Counseling Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 20, 2008

Date

/s/ Derek V Lofland

Signature of Attorney

Gleason & Gleason

Name of Law Firm

Call TeleFile at 1-800-829-5166

Keep this for Your Records—Do Not Mail!

Department of the Treasury
Internal Revenue Service

TeleFile Tax Record

OMB No. 1545-1277

2004

1 4 0 3 2

Shannon S Scott
1333 Thomas Ave Apt 12
San Diego CA 92109-4256

Your social security number

014527806

Spouse's social security number

Note: You will be asked for your social security number(s) and date of birth when you call.

Your customer service number(s)

02231974

Date of birth for name shown first

If the preprinted name(s) or address above is not correct, see page 6.

1

 Fill in Lines A Through D
See page 4.


A (Checking "Yes" will not change your tax or reduce your refund.)
Do you want \$3 to go to the Presidential Election Campaign Fund?
If a joint return, does your spouse want \$3 to go to this fund?

Yes No

☒ ☐☐ ☐

B Can your parents (or someone else) claim you on their 2004 tax return?
If a joint return, can your spouse be claimed as a dependent on another person's 2004 tax return?

☐ ☒☐ ☐

C Taxable interest
If over \$1,500, you cannot use TeleFile.

Dollars only

☐ ☐ ☒

D Unemployment compensation and Alaska Permanent Fund dividends

☐ ☐ ☒

Want Your Refund Directly Deposited or To Pay the Amount You Owe by Electronic Funds Withdrawal?

See page 4. Then, fill in lines E, F, G, and, if applicable, H.

E Routing number **F** Type of account **H** Date you want amount you owe withdrawn from your account

322271627

1 - Checking
2 - Savings

Date you want amount you owe withdrawn from your account

G Account number

0944270016

2005

(Through April 15, 2005)

2

 Call Toll Free 24 Hours a Day


1-800-829-5166

Before you call, make sure you have all your W-2s from all jobs you had in 2004. If you earned less than \$11,490 (\$12,490 if a joint return), also see the TeleFile EIC Checklist on page 9. You may need the information shown below to prepare your state income tax return or to file next year. TeleFile will tell you the amounts to enter on lines I through N.

I Federal Adjusted Gross Income

20,074

J Federal Standard Deduction and Exemption Amount

4,850

3,100

(1) Standard Deduction

(2) Exemption Amount

K Federal Taxable Income and Tax

20,124

2,661

(1) Taxable Income

(2) Tax

L Federal Earned Income Credit, if any

0

Earned Income Credit

M Amount of Your Refund Or Amount You Owe. Payments must be made by April 15, 2005.

1,199.00

(1) Amount of Your Refund (2) Amount You Owe (see page 9)

Declaration you (and spouse if married) must make:

Under penalties of perjury, I declare that to the best of my knowledge and belief, the return information I provided is true and correct, and includes all amounts and sources of income I received during the tax year.

Do Not Mail Tax Record



N Stay on the line until TeleFile tells you your return has been accepted and gives you a 10-digit confirmation number.

3044780614

Confirmation Number

After you finish the call, attach your W-2(s) and any 1099(s) to the Tax Record and keep it for your records.

02/13/2005

Date of Call

The IRS considers this Tax Record, including the confirmation number, to be the record of information used to file your tax return.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 10.

Cat. No. 224041

TeleFile Tax Record (2004)

020617504

Electronic Filing Instructions for your 2007 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Declaration Control Number: 00-320054-26508-8 Accepted: 03/03/2008

Shannon S Scott
1301 W Fletcher St, Apt. 205
Chicago, IL 60657

| | | | |
|--|--|----|-----------|
| Balance Due/Refund | Your federal tax return (Form 1040A) shows a refund due to you in the amount of \$1,889.00. The IRS estimates that you can expect your tax refund to be direct deposited into your account between 03/14/2008 and 03/18/2008. This is only an estimate. Account Number: 0944270016 Routing Transit Number: 322271627. | | |
| Where's My Refund? | Before you call the Internal Revenue Service with questions about your refund, give them 9 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link. | | |
| No Signature Document Needed | No signature form is required since you signed your return electronically. | | |
| What You Need to Keep | Your Electronic Filing Instructions (this form) Printed copy of your federal return | | |
| 2007 Federal Tax Return Summary | Adjusted Gross Income | \$ | 32,336.00 |
| | Taxable Income | \$ | 23,586.00 |
| | Total Tax | \$ | 3,145.00 |
| | Total Payments/Credits | \$ | 5,034.00 |
| | Amount to be Refunded | \$ | 1,889.00 |
| | Effective Tax Rate | | 9.73% |



Dear Shannon,

Thanks for preparing your taxes with TurboTax this year. Our goal at TurboTax is to help you complete your taxes easily, accurately, and confidently. Here's a quick summary of your bottom line and how you got there:

You maximized your refund: \$ 1,889.00

With TurboTax State:

- You saved time by automatically transferring your federal tax information to your state return

With FREE Electronic Filing:

- You'll know when the IRS receives your return and you'll get your refund in as little as 9 days

If you would like to provide feedback on your experience or are interested in learning about new TurboTax products and services, please visit our website at www.turbotax.com. We look forward to helping make your taxes easier next year, too.

Many happy returns,
The TurboTax Team

* 100% guaranteed accurate calculation - If you pay an IRS or state penalty or interest because of a TurboTax calculation error, we'll pay the penalty Plus interest.

| Form 1040A U.S. Individual Income Tax Return 2007 | | IRS Use Only — Do not write or staple in this space. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|---|--|-------------------------------------|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Label (See instructions.) Use the IRS label. Otherwise, please print or type. | Your first name and initial Shannon S | | OMB No. 1545-0074 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Last name Scott | | Your social security number 014-52-7806 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If a joint return, spouse's first name and initial Last name | | Spouse's social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Home address (number and street). If you have a P.O. box, see instructions. 1301 W Fletcher St | | Apartment no. 205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, town or post office. If you have a foreign address, see instructions. Chicago | | State IL | ZIP code 60657 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presidential Election Campaign <input type="checkbox"/> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing status 1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ▶ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit</th> <th>No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Dependents on 6c not entered above d Total number of exemptions claimed 1 | | | | (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit | No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit | No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 32,741. 8a Taxable interest. Attach Schedule 1 if required 8a b Tax-exempt interest. Do not include on line 8a. 8b 9a Ordinary dividends. Attach Schedule 1 if required 9a b Qualified dividends (see instructions). 9b 10 Capital gain distributions (see instructions). 10 11a IRA distributions 11a 11b Taxable amount 11b 12a Pensions and annuities 12a 12b Taxable amount 12b 13 Unemployment compensation and Alaska Permanent Fund dividends 13 14a Social security benefits 14a 14b Taxable amount 14b 15 Add lines 7 through 14b (far right column). This is your total income ▶ 15 32,741. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjusted gross income 16 Educator expenses (see instructions) 16 17 IRA deduction (see instructions) 17 18 Student loan interest deduction (see instructions) 18 405. 19 Tuition and fees deduction. Attach Form 8917 19 20 Add lines 16 through 19. These are your total adjustments 20 405. 21 Subtract line 20 from line 15. This is your adjusted gross income ▶ 21 32,336. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 1040A (2007) Shannon S Scott

014-52-7806 Page 2

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income) 22 32,336.

23 a Check ☐ You were born before January 2, 1943, ☐ Blind ☐ Spouse was born before January 2, 1943, ☐ Blind Total boxes checked ▶ 23 a ☐b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ▶ 23 b ☐

24 Enter your standard deduction (see left margin) 24 5,350.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- 25 26,986.

26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the instructions 26 3,400.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income ▶ 27 23,586.

28 Tax, including any alternative minimum tax (see instructions). 28 3,145.

29 Credit for child and dependent care expenses. Attach Schedule 2 29

30 Credit for the elderly or the disabled. Attach Schedule 3 30

31 Education credits. Attach Form 8863 31

32 Child tax credit (see instructions). Attach Form 8901 if required 32

33 Retirement savings contributions credit. Attach Form 8880 33

34 Add lines 29 through 33. These are your total credits 34

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0- 35 3,145.

36 Advance earned income credit payments from Form(s) W-2, box 9 36

37 Add lines 35 and 36. This is your total tax ▶ 37 3,145.

38 Federal income tax withheld from Forms W-2 and 1099 38 5,034.

39 2007 estimated tax payments and amount applied from 2006 return 39

40 a Earned income credit (EIC). 40 a

b Nontaxable combat pay election. 40 b

41 Additional child tax credit. Attach Form 8812 41

42 Add lines 38, 39, 40a, and 41. These are your total payments ▶ 42 5,034.

Refund

43 If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you overpaid 43 1,889.

44 a Amount of line 43 you want refunded to you. If Form 8888 is attached, check here ▶ ☐ 44 a 1,889.▶ b Routing number 322271627 ▶ c Type: ☒ Checking ☐ Savings

▶ d Account number 0944270016

45 Amount of line 43 you want applied to your 2008 estimated tax 45

Amount you owe

46 Amount you owe. Subtract line 42 from line 37. For details on how to pay, see instructions ▶ 46

47 Estimated tax penalty (see instructions) 47

Third party designeeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name Phone no. Personal identification number (PIN)

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Joint return? See instructions. ▶ Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code Self-Prepared

EIN Phone no.

Electronic Filing Instructions for your 2007 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



Declaration Control Number: 00-440016-41989-8 Accepted: 03/03/2008

Shannon S. Scott
1301 W Fletcher St APT 205
Chicago, IL 60657

| | | | |
|---|--|----|-----------|
| Balance Due/Refund | Your California state tax return (Form 540NR) shows a refund due to you in the amount of \$234.00. Your tax refund should be direct deposited into your account within 9 to 14 days after your return is accepted: Account Number: 0944270016 Routing Transit Number: 322271627. | | |
| Where's My Refund? | Before you call the Franchise Tax Board with questions about your refund, give them 9 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ . | | |
| What You Need to Sign | Sign and date Form 8453-OL within 1 day of acceptance. | | |
| Do Not Mail | Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return. | | |
| What You Need to Keep | Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) Printed copy of your state and federal returns | | |
| 2007 California Tax Return Summary | Taxable Income | \$ | 28,820.00 |
| | Total Tax | \$ | 226.00 |
| | Total Payments/Credits | \$ | 460.00 |
| | Amount to be Refunded | \$ | 234.00 |
| | Effective Tax Rate | | 6.0% |

For Privacy Notice, get form FTB 1131.

California Nonresident or Part-Year Resident Income Tax Return 2007

APE

Long FormCAIA4812 03/12/08
FORM**540NR C1 Side 1**014-52-7806 SCOT
SHANNON S SCOTT

07

P
AC
A
R
RP1301 W FLETCHER ST APT 205
CHICAGO IL 60657

| | | | | |
|---|---|---|----|--|
| Filing Status | 1 | <input checked="" type="checkbox"/> Single | 4 | <input type="checkbox"/> Head of household (with qualifying person). (see instructions) |
| | 2 | <input type="checkbox"/> Married/RDP filing jointly (see instructions) | 5 | <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse/RDP died |
| | 3 | <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here | | |
| If your California filing status is different from your federal filing status, check the box here | | | | |
| | 6 | If someone can claim you (or your spouse/RDP) as a dependent, check the box (see instructions) | | |
| Exemptions | For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only | | | |
| | 7 | Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6 do not enter an amount on line 7 | 7 | <input type="text" value="1"/> X \$94 = \$ 94 |
| | 8 | Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 | 8 | <input type="text" value="0"/> X \$94 = \$ 0 |
| | 9 | Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 | 9 | <input type="text" value="0"/> X \$94 = \$ 0 |
| | 10 | Dependents: Enter name and relationship. Do not include yourself or your spouse/RDP. | | |
| | | Total dependent exemptions | 10 | <input type="text" value="0"/> X \$294 = \$ 0 |
| | 11 | Exemption amount: Add line 7 through line 10 | | |
| | 11 | | | \$ 94 |
| Total Taxable Income | 12 | Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2CG, line 3 | | |
| | 12 | | | 10,000 |
| | 13 | Enter federal AGI from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 35; or Form 1040NR-EZ, line 10 | | |
| | 13 | | | 32,336 |
| | 14 | California adjustments — subtractions. Enter the amount from Schedule CA (540NR), line 37, column B | | |
| | 14 | | | 0 |
| | 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions) | | |
| | 15 | | | 32,336 |
| | 16 | California adjustments — additions. Enter the amount from Schedule CA (540NR), line 37, column C | | |
| | 16 | | | 0 |
| | 17 | Adjusted gross income from all sources. Combine line 15 and line 16 | | |
| | 17 | | | 32,336 |
| | 18 | Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see instructions) | | |
| | 18 | | | 3,516 |
| | 19 | Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- | | |
| | 19 | | | 28,820 |
| California Taxable Income | 20 | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803 | | |
| | 20 | | | 825 |
| | 21 | CA adjusted gross income from Schedule CA (540NR), Part IV, line 45 | | |
| | 21 | | | 10,000 |
| | 22 | CA Taxable Income from Schedule CA (540NR), Part IV, line 49 | | |
| | 22 | | | 8,913 |
| | 23 | CA Tax Rate. Divide line 20 by line 19 | | |
| | 23 | | | 0.0286 |
| | 24 | CA Tax Before Exemption Credits. Multiply line 22 by line 23 | | |
| | 24 | | | 255 |
| | 25a | CA Exemption Credit Percentage. Divide line 22 by line 19. If more than 1, enter 1.0000 | | |
| | 25a | | | 0.3093 |
| | 25b | CA Prorated Exemption Credits. Multiply line 11 by line 25a. If the amount on line 13 is more than \$155,416 (see instructions) | | |
| | 25b | | | 29 |
| | 25c | CA Regular Tax Before Credits. Subtract line 25b from line 24. If less than zero, enter -0- | | |
| | 25c | | | 226 |
| | 26 | Tax. (see instructions) Check the box if from: <input type="checkbox"/> Schedule G-1 <input checked="" type="checkbox"/> Form FTB 5870A | | |
| | 26 | | | 0 |
| | 27 | Add line 25c and line 26 | | |
| | 27 | | | 226 |
| Special Credits | 28 | Credit for joint custody head of household (see instructions) | | |
| | 28 | | | 0 |
| | 29 | Credit for dependent parent (see instructions) | | |
| | 29 | | | 0 |
| | 30 | Credit for senior head of household (see instructions) | | |
| | 30 | | | 0 |
| | 31 | Credit percentage and credit amount. Credit percentage | | |
| | 31a | | | 0 |
| | 32 | Enter credit name code no. and amount | | |
| | 32 | | | 0 |
| | 33 | Enter credit name code no. and amount | | |
| | 33 | | | 0 |
| | 34 | To claim more than two credits (see instructions) | | |
| | 34 | | | 0 |
| | 35 | Nonrefundable renter's credit (see instructions) | | |
| | 35 | | | 0 |
| | 36 | Add line 31 through line 35. These are your total credits | | |
| | 36 | | | 0 |
| | 37 | Subtract line 36 from line 27. If less than zero, enter -0- | | |
| | 37 | | | 226 |

051 3131074

Your name: SHANNON S. SCOTT Your SSN or ITIN: 014-52-7806

| | | | | |
|-------------|----|---|----|------|
| Other Taxes | 38 | Amount from Side 1, line 37 | 38 | 226. |
| | 39 | Alternative minimum tax. Attach Schedule P (540NR) | 39 | 0. |
| | 40 | Mental Health Services Tax (see instructions) | 40 | |
| | 41 | Other taxes and credit recapture (see instructions) | 41 | |
| | 42 | Add line 38 through line 41. This is your total tax | 42 | 226. |

| | | | | |
|----------|----|---|----|------|
| Payments | 43 | California income tax withheld (see instructions) | 43 | 460. |
| | 44 | Nonresident withholding (Form(s) 592-B, 593-B, or 594) (see instructions) | 44 | |
| | 45 | 2007 CA estimated tax and other payments (see instructions) | 45 | |
| | 46 | Excess SDI. To see if you qualify, see instructions | 46 | |

Child and Dependent Care Expenses Credit (see instructions). Attach form FTB 3506.

| | | |
|----|--|----|
| 47 | 48 | 50 |
| 49 | | |
| 51 | Add line 43, line 44, line 45, line 46, and line 50. | |

| | | | | |
|----------------------|----|--|----|------|
| Overpaid Tax/Tax Due | 51 | These are your total payments | 51 | 460. |
| | 52 | Overpaid tax. If line 51 is more than line 42, subtract line 42 from line 51 | 52 | 234. |
| | 53 | Amount of line 52 you want applied to your 2008 estimated tax | 53 | 0. |
| | 54 | Overpaid tax available this year. Subtract line 53 from line 52 | 54 | 234. |

| | | | | |
|---------------|---|---|---|----|
| Contributions | 55 | Tax due. If line 51 is less than line 42, subtract line 51 from line 42 | 55 | |
| | CA Seniors Special Fund (see instructions) | 57 | CA Firefighters' Memorial Fund | 63 |
| | Alzheimer's Disease/Related Disorders Fund | 58 | Emergency Food Assistance Program Fund | 64 |
| | CA Fund for Senior Citizens | 59 | CA Peace Officer Memorial Foundation Fund | 65 |
| | Rare and Endangered Species Preservation Program | 60 | CA Military Family Relief Fund | 66 |
| | State Children's Trust Fund for the Prevention of Child Abuse | 61 | CA Sea Otter Fund | 67 |
| | CA Breast Cancer Research Fund | 62 | | |
| | 68 | Add line 57 through line 67. These are your total contributions | 68 | |

| | | | | |
|----------------|----|---|----|--|
| Amount You Owe | 69 | AMOUNT YOU OWE. Add line 55 and line 68 (see instructions). Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 | 69 | |
| | 70 | Interest, late return penalties, and late payment penalties | 70 | |

| | | | | |
|------------------------|----|--|----|--|
| Interest and Penalties | 71 | Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached | 71 | |
| | 72 | Total amount due (see instructions). Enclose, but do not staple, any payment | 72 | |

| | | | | |
|---------------------------|----|---|----|------|
| Refund and Direct Deposit | 73 | REFUND OR NO AMOUNT DUE. Subtract line 68 from line 54. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 | 73 | 234. |
|---------------------------|----|---|----|------|

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip (see instructions). Have you verified the routing and account numbers? Use whole dollars only.

All or the following amount of my refund (line 73) is authorized for direct deposit into the account shown below:

| | | | |
|--|----------------------------------|------------|----------------------------|
| <input checked="" type="checkbox"/> Checking | <input type="checkbox"/> Savings | 0944270016 | 234. |
| 322271627 | ● Routing number | ● Type | ● Account number |
| | | | ● 74 Direct deposit amount |

The remaining amount of my refund (line 73) is authorized for direct deposit into the account shown below:

| | | | |
|-----------------------------------|----------------------------------|------------------|----------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | | |
| ● Routing number | ● Type | ● Account number | ● 75 Direct deposit amount |

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint return? See instructions.

| | | |
|---|--|---------------------------------|
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. | | |
| Your signature | Spouse's/RDP's signature (if filing jointly, both must sign) | Daytime phone number (optional) |
| X | X | |
| Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) | | Date |
| Self Prepared | | |
| Firm's name (or yours if self-employed) | Firm's address | Paid Preparer's SSN/PTIN |
| | | ● |
| | | FEIN |
| | | ● |

TAXABLE YEAR **2007** **California Adjustments – Nonresidents or Part-Year Residents**

SCHEDULE
CA (540NR)

Important: Attach this schedule directly behind Long Form 540NR, Side 2.

Name(s) as shown on return Shannon S. Scott SSN or ITIN 014-52-7806

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP.

| | | |
|--|-------------------|------------|
| During 2007: | Yourself | Spouse/RDP |
| 1 a I was domiciled in (enter state or country) | N/A | |
| b I was in the military and stationed in (enter state or country) | N/A | |
| 2 I became a California resident (enter the state of prior residence and date of move) | N/A | |
| 3 I became a nonresident (enter new state of residence and date of move) | IL 04/01/07 | |
| 4 I was a nonresident of CA the entire year (enter state or country of residence) | N/A | |
| 5 The number of days I spent in California (for any purpose) is: | 91 | |
| 6 I owned a home/property in California (enter 'Yes' or 'No') | No | |
| Before 2007: | | |
| 7 I was a California resident for the period of (enter dates) | 04/01/04 04/01/07 | |
| 8 I entered California on (enter date) | 04/01/04 | |
| 9 I left California on (enter date) | N/A | |

Part II Income Adjustment Schedule

| Section A – Income | | A | B | C | D | E |
|--------------------|--|---|---|--|--|---|
| | | Federal Amounts (taxable amounts from your federal return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 7 | Wages, salaries, tips, etc. See instructions before making an entry in column B or C | 7 32,741. | | | 32,741. | 10,000. |
| 8 | Taxable interest income | 8 | | | | |
| 9 a | Ordinary dividends. See instructions. | 9 a | | | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B | 10 | | | | |
| 11 | Alimony received. See instructions | 11 | | | | |
| 12 | Business income or (loss) | 12 | | | | |
| 13 | Capital gain or (loss). See instructions. | 13 | | | | |
| 14 | Other gains or (losses) | 14 | | | | |
| 15 | Total IRA distributions. See instructions | 15 b | | | | |
| 16 | Total pensions & annuities. See instructions. | 16 b | | | | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc | 17 | | | | |
| 18 | Farm income or (loss) | 18 | | | | |
| 19 | Unemployment compensation | 19 | | | | |
| 20 | Social security benefits | 20 b | | | | |
| 21 | Other income. | | | | | |
| | a California lottery winnings | | a | | | |
| | b Disaster loss carryover from FTB 3805V | | b | | | |
| | c Federal NOL (Form 1040, line 21) | 21 | c | | 21 | 21 |
| | d NOL carryover from FTB 3805V | | d | | | |
| | e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 | | e | | | |
| | f Other (describe) | | f | | | |
| 22 a | Total: Combine line 7 through line 21 in each column. Continue to Side 2 | 22 a 32,741. | | | 32,741. | 10,000. |

Shannon S. Scott

014-52-7806

Income Adjustment Schedule

Section B — Adjustments to Income

| | A | B | C | D | E |
|---|--|---|--|--|--|
| | Federal Amounts (taxable amounts from your federal return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 22 b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E | 32,741. | | | 32,741. | 10,000. |
| 23 Educator Expenses | | | | | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials | | | | | |
| 25 Health savings account deduction | | | | | |
| 26 Moving expenses | | | | | |
| 27 One-half of self-employment tax | | | | | |
| 28 Self-employed SEP, SIMPLE, and qualified plans | | | | | |
| 29 Self-employed health insurance deduction | | | | | |
| 30 Penalty on early withdrawal of savings | | | | | |
| 31 a Alimony paid. b Enter recipient's: SSN _____ Last name _____ | | | | | |
| 32 IRA deduction | | | | | |
| 33 Student loan interest deduction | 405. | | | 405. | 0. |
| 34 Tuition and fees deduction | | | | | |
| 35 Domestic production activities deduction | | | | | |
| 36 Add line 23 through line 35 in each column, A through E | 405. | | | 405. | 0. |
| 37 Total. Subtract line 36 from line 22b in each column, A through E. See instructions | 32,336. | | | 32,336. | 10,000. |

Part III — Adjustments to Federal Itemized Deductions

| | | |
|--|-----------|--------|
| 38 Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16) | 38 | 2,065. |
| 39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax or General Sales Tax) and line 8 (foreign taxes only). See instructions | 39 | 1,202. |
| 40 Subtract line 39 from line 38 | 40 | 863. |
| 41 Other adjustments including California lottery losses. See instructions. Specify _____ | 41 | |
| 42 Combine line 40 and line 41 | 42 | 863. |
| 43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$155,416 Head of household \$233,129 Married/RDP filing jointly or qualifying widow(er) \$310,837 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43. | 43 | 863. |
| 44 Enter the larger of the amount on line 43 or your standard deduction listed below Single or married/RDP filing separately \$3,516 Married/RDP filing jointly, head of household, or qualifying widow(er) \$7,032 | 44 | 3,516. |

Part IV — California Taxable Income

| | | |
|--|-----------|---------|
| 45 California AGI. Enter your California AGI from line 37, column E | 45 | 10,000. |
| 46 Enter your deductions from line 44 | 46 | 3,516. |
| 47 Deduction percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- | 47 | 0.3093 |
| 48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 | 48 | 1,087. |
| 49 California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 22. If less than zero, enter -0- | 49 | 8,913. |

Department of the Treasury — Internal Revenue Service

Form **1040A** **U.S. Individual Income Tax Return** **2007** IRS Use Only — Do not write or staple in this space.

| | | | | |
|--|--|--|-----------------------------------|---|
| Label (See instructions.) Use the IRS label. Otherwise, please print or type. | Your first name and initial Shannon S | | Last name Scott | OMB No. 1545-0074 |
| | If a joint return, spouse's first name and initial | | Last name | Your social security number 014-52-7806 |
| | Home address (number and street). If you have a P.O. box, see instructions. 1301 W Fletcher St | | Apartment no. 205 | Spouse's social security number |
| | City, town or post office. If you have a foreign address, see instructions. Chicago | | State ZIP code IL 60657 | You must enter your SSN(s) above Checking a box below will not change your tax or refund |

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

Filing status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here ▶

4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here ▶

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit | No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) |
|----------------|-----------|--|-------------------------------------|--|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above ▶ **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **32,741.**

8 a Taxable interest. Attach Schedule 1 if required **8 a**

b Tax-exempt interest. Do not include on line 8a **8 b**

9 a Ordinary dividends. Attach Schedule 1 if required **9 a**

b Qualified dividends (see instructions). **9 b**

10 Capital gain distributions (see instructions). **10**

11 a IRA distributions **11 a** **11 b Taxable amount 11 b**

12 a Pensions and annuities **12 a** **12 b Taxable amount 12 b**

13 Unemployment compensation and Alaska Permanent Fund dividends **13**

14 a Social security benefits **14 a** **14 b Taxable amount 14 b**

15 Add lines 7 through 14b (far right column). This is your total income ▶ **15** **32,741.**

Adjusted gross income

16 Educator expenses (see instructions) **16**

17 IRA deduction (see instructions) **17**

18 Student loan interest deduction (see instructions) **18** **405.**

19 Tuition and fees deduction. Attach Form 8917 **19**

20 Add lines 16 through 19. These are your total adjustments **20** **405.**

21 Subtract line 20 from line 15. This is your adjusted gross income ▶ **21** **32,336.**

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040A (2007)

Form 1040A (2007) Shannon S Scott

014-52-7806 Page 2

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income) **22** 32,336.

23 a Check ☐ You were born before January 2, 1943, ☐ Blind ☐ Spouse was born before January 2, 1943, ☐ Blind ☐ Total boxes checked ▶ 23 a ☐

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ▶ 23 b ☐

24 Enter your **standard deduction** (see left margin) **24** 5,350.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- **25** 26,986.

26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the instructions **26** 3,400.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income** ▶ **27** 23,586.

28 **Tax**, including any alternative minimum tax (see instructions). **28** 3,145.

29 Credit for child and dependent care expenses. Attach Schedule 2 **29**

30 Credit for the elderly or the disabled. Attach Schedule 3 **30**

31 Education credits. Attach Form 8863 **31**

32 Child tax credit (see instructions). Attach Form 8901 if required **32**

33 Retirement savings contributions credit. Attach Form 8880 **33**

34 Add lines 29 through 33. These are your **total credits** **34**

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0- **35** 3,145.

36 Advance earned income credit payments from Form(s) W-2, box 9 **36**

37 Add lines 35 and 36. This is your **total tax** ▶ **37** 3,145.

38 Federal income tax withheld from Forms W-2 and 1099 **38** 5,034.

39 2007 estimated tax payments and amount applied from 2006 return **39**

40 a **Earned income credit (EIC)**. **40 a**

b Nontaxable combat pay election. **40 b**

41 Additional child tax credit. Attach Form 8812 **41**

42 Add lines 38, 39, 40a, and 41. These are your **total payments** ▶ **42** 5,034.

43 If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you **overpaid**. **43** 1,889.

44 a Amount of line 43 you want **refunded to you**. If Form 8888 is attached, check here ▶ ☐ **44 a** 1,889.

▶ b Routing number 322271627 ▶ c Type: ☒ Checking ☐ Savings

▶ d Account number 0944270016

45 Amount of line 43 you want **applied to your 2008 estimated tax** **45**

46 **Amount you owe**. Subtract line 42 from line 37. For details on how to pay, see instructions ▶ **46**

47 **Estimated tax penalty** (see instructions) **47**

Refund

Direct deposit? See instructions and fill in 44b, 44c, and 44d or Form 8888.

Amount you owe

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions.

Your signature Date Your occupation Daytime phone number

Keep a copy for your records.

Spouse's signature, if a joint return, both must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature ▶ Date Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶ Self-Prepared EIN Phone no.

File by Mail Instructions for your 2007 Illinois Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Shannon S Scott
1301 W Fletcher St 205
Chicago, IL 60657

| | | | |
|--|--|----|-----------|
| Balance Due/Refund | Your Illinois state tax return (Form IL-1040) shows you are due a refund of \$53.00. | | |
| What You Need to Mail | <p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach your W-2, W-2G and 1099-R forms to page 1 of Form IL-1040.</p> <p>Mail your return and attachments to: Illinois Department of Revenue Springfield, IL 62719-0001</p> <p>Deadline: Postmarked by April 15, 2008</p> <p>Don't forget correct postage on the envelope.</p> | | |
| What You Need to Keep | Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print & File tab, then select the Print for Your Records category. | | |
| 2007 Illinois Tax Return Summary | Taxable Income | \$ | 20,954.00 |
| | Total Tax | \$ | 629.00 |
| | Total Payments/Credits | \$ | 682.00 |
| | Amount to be Refunded | \$ | 53.00 |
| Special Formatting | Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing. | | |
| Changed Your Mind About e-filing? | You can still file electronically. Just go back to TurboTax, select the Print & File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency. | | |



Illinois Department of Revenue

2007 Form IL-1040

Individual Income Tax Return or for fiscal year ending

/08

Step 1: Personal Information

Do not write above this line.



014-52-7806

Shannon

S Scott

1301 W Fletcher St 205

Chicago

IL 60657

C Filing status (see instructions)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 1 32,336.
2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2
3 Other additions to your income. Attach Schedule M 3
4 Add Lines 1 through 3. This is your total income 4 32,336.

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1 5
6 Military pay earned if included in Step 2, Line 1. Attach military W-2 6
7 Illinois Income Tax overpayment included in U.S. 1040, Line 10 7
8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 8
9 Other subtractions to your income. Attach Schedule M 9
Check if Line 9 includes any amount from Schedule 1299-C . . . ☐
10 Add Lines 5 through 9. This is the total of your subtractions 10
11 Subtract Line 10 from Line 4. This is your Illinois base income 11 32,336.

Step 4: Exemptions

12a Number of exemptions from your federal return 1 X \$2,000 a 2,000.
b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to enter here X \$2,000 b
c Check if 65 or older: ☐ You + ☐ Spouse = X \$1,000 c
d Check if legally blind: ☐ You + ☐ Spouse = X \$1,000 d
Add Lines a through d. This is your total Illinois exemption allowance 12 2,000.

Step 5: Net Income

13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14 13
14 Nonresidents and part-year residents only:
Check the box that applies to you during 2007 ☐ Nonresident ☒ Part-year resident, and enter the Illinois base income from Schedule NR. Attach Schedule NR 14 22,336.

Step 6: Tax

15 Residents: Multiply Line 13 by 3% (.03). Enter the result here. This is your tax. Nonresidents and part-year residents: Enter the tax from Schedule NR. This amount may not be less than zero 15 629.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0065

Shannon S Scott

16 Tax amount from Page 1, Step 6, Line 15 16 629.

Step 7: Payments and Credits

17 Illinois Income Tax withheld. Attach W-2 and 1099 forms 17 682.
18 Estimated payments from Forms IL-505-I and IL-1040-ES including overpayment applied from Line 31 of your 2006 return 18
19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns 19
20 Illinois Property Tax credit. Complete the PT Worksheet in instructions.
PT Worksheet Line 3 amount 20a
PT Worksheet Line 8 amount 20b
21 K-12 education expense credit. Complete ED Worksheet in instructions or Schedule ED. Attach receipt or Schedule ED.
ED Worksheet or Schedule ED Line 1 amount 21a
ED Worksheet or Schedule ED Line 10 amount 21b
22 Earned Income Credit. Complete EIC Worksheet in instructions.
EIC Worksheet Line 1 amount 22a
EIC Worksheet Line 4 amount 22b
23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C 23
24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits 24 682.

Nonresidents may not claim a credit on Lines 19, 20, or 21.

The total of Lines 19, 20b, and 21b may not exceed the tax amount on Line 16.

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment 25 53.
26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due 26

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax 27
a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210
b Check if at least two-thirds of your federal gross income is from farming

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

Make 'Giving' Easy!

28 Amount you wish to donate to one or more of the following voluntary contribution funds:
Wildlife a Breast Cancer e Diabetes i
Child Abuse b Multiple Sclerosis f Autoimmune j
Alzheimer's c Military Family g Lung Cancer k
Homeless d IL Veterans' Home h
Add Lines a through k. This is your donations total 28

29 Add Line 27 and Line 28. This is your total penalty and donations 29

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25 30 53.
31 Amount from Line 30 that you want applied to 2008 estimated tax 31 0.
32 Subtract Line 31 from Line 30. This is your refund 32 53.

Direct Deposit

33 Complete to direct deposit your refund
Routing number 322271627 X Checking or Savings
Account number 0944270016

See instructions for payment options.

34 If you have tax due on Line 26, add Lines 26 and 29. or If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe 34

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Your signature Date Daytime phone number Your spouse's signature Date
Self-Prepared
Paid preparer's signature Date Preparer's phone number Preparer's FEIN, SSN, or PTIN

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD, IL 62719-0001

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD, IL 62726-0001

DR AP CA DE EV ME MO PR RM RR TT TV WA WT WV ZZ ID



Illinois Department of Revenue

2007 Schedule NR

Nonresident and Part-Year Resident Computation of Illinois Tax

Step 1: Provide the following information

Attach to your Form IL-1040
Attachment No. 2

- 1 Shannon S Scott
Your first name and initial Spouse's first name (and last name if different) Your last name
- 2 a 014-52-7806 b _____
Your Social Security number Your spouse's Social Security number
- 3 Were you, or your spouse if 'married filing jointly,' a full-year resident of Illinois during the tax year?
☐ Yes ☒ No **STOP** If you answered 'Yes,' you cannot use this form (see instructions).
- 4 If you, or your spouse if 'married filing jointly,' were a part-year resident during the tax year, tell us your residency dates for 2007.
- a I lived in Illinois from 04/01/07 to 12/31/07 I lived in California from 01/01/07 to 03/31/07
Month Day Year Month Day Year State Month Day Year Month Day Year
- b My spouse lived in Illinois from _____ to _____, and _____ from _____ to _____
Month Day Year Month Day Year State Month Day Year Month Day Year
- 5 If you were a resident of any of the states listed below during the tax year, check the appropriate state.
☐ Iowa ☐ Kentucky ☐ Michigan ☐ Wisconsin
- 6 If you earned income or filed an income tax return for the tax year in a state other than those listed above, enter the two-letter abbreviation of that state.
CA

Step 2: Complete Form IL-1040

Complete Lines 1 through 12 of your Form IL-1040, Individual Income Tax Return, as if you were a full-year Illinois resident. Then, complete the remainder of this schedule following the instructions for your residency. **Attach Schedule NR to your Form IL-1040.**

Step 3: Figure the Illinois portion of your federal adjusted gross income

Enter the amounts from your federal return in Column A. Before completing Column B, read the Column B instructions.

| | Column A Federal Total | Column B Illinois Portion |
|---|---------------------------|------------------------------|
| 7 Wages, salaries, tips, etc. (federal Form 1040 or 1040A, Line 7; 1040EZ, Line 1) | 7 <u>32,741.</u> | <u>22,741.</u> |
| 8 Taxable interest income (federal Form 1040 or 1040A, Line 8a; 1040EZ, Line 2) | 8 _____ | _____ |
| 9 Ordinary dividend income (federal Form 1040 or 1040A, Line 9a) | 9 _____ | _____ |
| 10 Taxable refunds, credits, or offsets of state and local income tax (federal Form 1040, Line 10) | 10 _____ | _____ |
| 11 Alimony received (federal Form 1040, Line 11) | 11 _____ | _____ |
| 12 Business income or loss (federal Form 1040, Line 12) | 12 _____ | _____ |
| 13 Capital gain or loss (federal Form 1040, Line 13 or 1040A, Line 10) | 13 _____ | _____ |
| 14 Other gains or losses (federal Form 1040, Line 14) | 14 _____ | _____ |
| 15 Taxable IRA distributions (federal Form 1040, Line 15b; or 1040A, Line 11b) | 15 _____ | _____ |
| 16 Taxable pensions and annuities (federal Form 1040, Line 16b; or 1040A, Line 12b) | 16 _____ | _____ |
| 17 Rents, royalties, partnerships, S corporations, estates, and trusts (federal Form 1040, Line 17) | 17 _____ | _____ |
| 18 Farm income or loss (federal Form 1040, Line 18) | 18 _____ | _____ |
| 19 Unemployment compensation and Alaska Permanent Fund dividends (federal Form 1040, Line 19; 1040A, Line 13; 1040EZ, Line 3) | 19 _____ | _____ |
| 20 Taxable Social Security benefits (federal Form 1040, Line 20b; or 1040A, Line 14b) | 20 _____ | _____ |
| 21 Other income (federal Form 1040, Line 21). Include winnings from the Illinois State Lottery as Illinois income in Column B | 21 _____ | _____ |
| 22 Add Column B, Lines 7 through 21. This is the Illinois portion of your federal total income | 22 _____ | <u>22,741.</u> |

Continue with Step 3 on Page 2

Schedule NR Shannon S Scott

014-52-7806

Page 2

Step 3: Continued

| | | Column A Federal Total | Column B Illinois Portion |
|----|--|---------------------------|------------------------------|
| 23 | Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 22 | 23 | 22,741. |
| 24 | Deduction for educator expenses (federal Form 1040, Line 23; or 1040A, Line 16). | 24 | |
| 25 | Certain business expenses of reservists, performing artists, and fee-based government officials (federal Form 1040, Line 24) | 25 | |
| 26 | Deduction for health savings account (federal Form 1040, Line 25) | 26 | |
| 27 | Moving expenses (federal Form 1040, Line 26) | 27 | |
| 28 | Deduction for one-half of self-employment tax (federal Form 1040, Line 27) | 28 | |
| 29 | Self-employed (SEP), SIMPLE, and qualified plans (federal Form 1040, Line 28) | 29 | |
| 30 | Self-employed health insurance deduction (federal Form 1040, Line 29) | 30 | |
| 31 | Penalty on early withdrawal of savings (federal Form 1040, Line 30) | 31 | |
| 32 | Alimony paid (federal Form 1040, Line 31a). | 32 | |
| 33 | Total IRA deduction (federal Form 1040, Line 32; or 1040A, Line 17) | 33 | |
| 34 | Deduction for student loan interest (federal Form 1040, Line 33; or 1040A, Line 18) | 34 | 405. |
| 35 | Deduction for tuition and fees (federal Form 1040, Line 34; or 1040A, Line 19) | 35 | |
| 36 | Domestic production activities deduction (federal Form 1040, Line 35) | 36 | |
| 37 | Other adjustments (see instructions) | 37 | |
| 38 | Add Column B, Lines 24 through 37. This is the Illinois portion of your federal adjustments to income | 38 | 405. |
| 39 | Enter your adjusted gross income as reported on your federal Form 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4 | 39 | 32,336. |
| 40 | Subtract Line 38 from Line 23. This is the Illinois portion of your federal adjusted gross income | 40 | 22,336. |

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

| | | Column A Form IL-1040 Total | Column B Illinois Portion |
|----|---|--------------------------------|------------------------------|
| 41 | Federally tax-exempt interest income (Form IL-1040, Line 2) | 41 | |
| 42 | Other additions (Form IL-1040, Line 3) | 42 | |
| 43 | Add Column B, Lines 40, 41, and 42. This is the Illinois portion of your total income | 43 | 22,336. |
| 44 | Federally taxed Social Security and retirement income. (Form IL-1040, Line 5) | 44 | |
| 45 | Military pay earned and included in your adjusted gross income. (Form IL-1040, Line 6) | 45 | |
| 46 | Illinois Income Tax overpayment included on your U.S. 1040, Line 10. (Form IL-1040, Line 7) | 46 | |
| 47 | U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest (Form IL-1040, Line 8) | 47 | |
| 48 | Other subtractions (Form IL-1040, Line 9) | 48 | |
| 49 | Add Column B, Lines 44 through 48. This is the total of your Illinois subtractions | 49 | |

Step 5: Figure your Illinois income and tax

| | | | |
|----|--|----|---------|
| 50 | Subtract Line 49 from Line 43. If Line 49 is larger than Line 43, enter zero. This is your Illinois base income. | 50 | 22,336. |
| | Enter this amount on your Form IL-1040, Line 14. If Line 50 is zero, skip Lines 51 through 55, and enter '0' on Line 56. | | |
| 51 | Enter the base income from Form IL-1040, Line 11 | 51 | 32,336. |
| 52 | Divide Line 50 by Line 51 (carry to three decimal places). Enter the appropriate decimal. If Line 50 is greater than Line 51, enter 1.000 | 52 | 0.691 |
| 53 | Enter your exemption allowance from your Form IL-1040, Line 12. | 53 | 2,000. |
| 54 | Multiply Line 53 by the decimal on Line 52. This is your Illinois exemption allowance | 54 | 1,382. |
| 55 | Subtract Line 54 from Line 50. This is your Illinois net income. | 55 | 20,954. |
| 56 | Multiply the amount on Line 55 by 3% (.03). This amount may not be less than zero. This is your tax. Enter this amount on your Form IL-1040, Line 15 | 56 | 629. |

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0098

Department of the Treasury — Internal Revenue Service

Form **1040A** **U.S. Individual Income Tax Return** **2007** IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)

Use the IRS label.
Otherwise, please print or type.

Your first name and initial Last name
Shannon S Scott

OMB No. 1545-0074

Your social security number
014-52-7806

If a joint return, spouse's first name and initial Last name
Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
1301 W Fletcher St 205

City, town or post office. If you have a foreign address, see instructions. State ZIP code
Chicago IL 60657

▲ You must enter your SSN(s) above ▲

Checking a box below will not change your tax or refund

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

Filing status

1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here ▶

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here ▶ 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit | No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) |
|----------------|-----------|--|-------------------------------------|--|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above ▶ 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 32,741.

8 a Taxable interest. Attach Schedule 1 if required 8 a

b Tax-exempt interest. Do not include on line 8a 8 b

9 a Ordinary dividends. Attach Schedule 1 if required 9 a

b Qualified dividends (see instructions). 9 b

10 Capital gain distributions (see instructions). 10

11 a IRA distributions 11 a 11 b Taxable amount 11 b

12 a Pensions and annuities 12 a 12 b Taxable amount 12 b

13 Unemployment compensation and Alaska Permanent Fund dividends 13

14 a Social security benefits 14 a 14 b Taxable amount 14 b

15 Add lines 7 through 14b (far right column). This is your **total income** ▶ 15 32,741.

Adjusted gross income

16 Educator expenses (see instructions) 16

17 IRA deduction (see instructions) 17

18 Student loan interest deduction (see instructions) 18 405.

19 Tuition and fees deduction. Attach Form 8917 19

20 Add lines 16 through 19. These are your **total adjustments** 20 405.

21 Subtract line 20 from line 15. This is your **adjusted gross income** ▶ 21 32,336.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040A (2007)

Form 1040A (2007) Shannon S Scott

014-52-7806 Page 2

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income) 22 32,336.

23a Check if: ☐ You were born before January 2, 1943, ☐ Blind ☐ Spouse was born before January 2, 1943, ☐ Blind Total boxes checked 23a ☐b If you are married filing separately and your spouse itemizes deductions, see instructions and check here 23b ☐

24 Enter your standard deduction (see left margin) 24 5,350.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- 25 26,986.

26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the instructions 26 3,400.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income 27 23,586.

28 Tax, including any alternative minimum tax (see instructions). 28 3,145.

29 Credit for child and dependent care expenses. Attach Schedule 2 29

30 Credit for the elderly or the disabled. Attach Schedule 3 30

31 Education credits. Attach Form 8863. 31

32 Child tax credit (see instructions). Attach Form 8901 if required 32

33 Retirement savings contributions credit. Attach Form 8880 33

34 Add lines 29 through 33. These are your total credits 34

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0- 35 3,145.

36 Advance earned income credit payments from Form(s) W-2, box 9 36

37 Add lines 35 and 36. This is your total tax 37 3,145.

38 Federal income tax withheld from Forms W-2 and 1099 38 5,034.

39 2007 estimated tax payments and amount applied from 2006 return 39

40a Earned income credit (EIC) 40a

b Nontaxable combat pay election. 40b

41 Additional child tax credit. Attach Form 8812 41

42 Add lines 38, 39, 40a, and 41. These are your total payments 42 5,034.

Refund

43 If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you overpaid 43 1,889.

44a Amount of line 43 you want refunded to you. If Form 8888 is attached, check here 44a 1,889.

b Routing number 322271627 c Type: ☒ Checking ☐ Savings

d Account number 0944270016

45 Amount of line 43 you want applied to your 2008 estimated tax 45

Amount you owe

46 Amount you owe. Subtract line 42 from line 37. For details on how to pay, see instructions 46

47 Estimated tax penalty (see instructions) 47

Third party designeeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name Phone no. Personal identification number (PIN)

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Keep a copy for your records.

Paid preparer's use only

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code Self-Prepared EIN Phone no.

Declaration Control Number: 00-440042-77254-7 Accepted: 02/04/2007
Shannon S Scott
10773 Lawler Street, Apt. 202
Los Angeles, CA 90034-0000

Balance Due/Refund | Your federal tax return (Form 1040A) shows a refund due to you in the amount of \$1,496.00. The IRS estimates that you can expect your tax refund direct deposited into the following account on or around 02/16/2007. This is only an estimate. Account Number: 0944270016 Routing Transit Number: 322271627.

Where's My Refund? | If you do not receive your refund, or the amount isn't what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also visit the IRS web site at www.irs.gov and select the "Where's my refund?" link.

No Signature Document Needed | No signature document is required since you have filed your return electronically.

What You Need to Keep | Your Electronic Filing Instructions (this form)
Printed copy of your federal return

| | | | |
|--|------------------------|----|-----------|
| 2006 Federal Tax Return Summary | Adjusted Gross Income | \$ | 43,490.00 |
| | Taxable Income | \$ | 35,040.00 |
| | Total Tax | \$ | 5,314.00 |
| | Total Payments/Credits | \$ | 6,810.00 |
| | Amount to be Refunded | \$ | 1,496.00 |
| | Effective Tax Rate | | 12.22% |



Dear Shannon,

Thanks for preparing your taxes with TurboTax this year. Our goal at TurboTax is to help you complete your taxes easily, accurately, and confidently. Here's a quick summary of your bottom line and how you got there:

You maximized your refund: \$ 1,496.00

With TurboTax State:

- You saved valuable time by automatically transferring your federal tax information to your state return

With FREE Electronic Filing:

- You'll know when the IRS receives your return and you'll get your refund in as little as 9 days

If you would like to provide feedback on your experience or are interested in learning about new TurboTax products and services, please visit our website at www.turbotax.com. We look forward to helping make your taxes easier next year, too.

Many happy returns,
The TurboTax Team

* 100% guaranteed accurate calculation - If you pay an IRS or state penalty or interest because of a TurboTax calculation error, we'll pay the penalty and interest.

Form **1040A** U.S. Individual Income Tax Return (99) **2006**

Department of the Treasury — Internal Revenue Service

IRS Use Only — Do not write or staple in this space.

| | | | | |
|--|---|--|---------------------------|--|
| Label (See instructions.) Use the IRS label. Otherwise, please print or type. | Your first name and initial Shannon S | | Last name Scott | OMB No. 1545-0074 |
| | If a joint return, spouse's first name and initial Last name | | | Your social security number 014-52-7806 |
| | Home address (number and street). If you have a P.O. box, see instructions. 10773 Lawler Street | | | Apartment no. 202 |
| | City, town or post office. If you have a foreign address, see instructions. Los Angeles | | | State ZIP code CA 90034-0000 |
| | | | | Spouse's social security number ▲ You must enter your SSN(s) above ▲ Checking a box below will not change your tax or refund |

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

Filing status

- 1 ☒ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here ▶
- 4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here ▶
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit | No. of children on 6c who: • lived with you • did not live with you due to divorce or separation |
|----------------|-----------|--|-------------------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

d Total number of exemptions claimed Add numbers on lines above ▶ **1**

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 44,068.
- 8 a Taxable interest. Attach Schedule 1 if required. **8 a**
- b Tax-exempt interest. Do not include on line 8a. **8 b**
- 9 a Ordinary dividends. Attach Schedule 1 if required **9 a**
- b Qualified dividends (see instructions). **9 b**
- 10 Capital gain distributions (see instructions). **10**
- 11 a IRA distributions **11 a** **11 b** Taxable amount **11 b**
- 12 a Pensions and annuities **12 a** **12 b** Taxable amount **12 b**
- 13 Unemployment compensation, Alaska Permanent Fund dividends, and jury duty pay **13**
- 14 a Social security benefits **14 a** **14 b** Taxable amount **14 b**
- 15 Add lines 7 through 14b (far right column). This is your **total income**. ▶ **15** 44,068.
- 16 Penalty on early withdrawal of savings (see instructions). **16**
- 17 IRA deduction (see instructions). **17**
- 18 Student loan interest deduction (see instructions). **18** 578.
- 19 Jury duty pay you gave your employer (see instructions). **19**
- 20 Add lines 16 through 19. These are your **total adjustments**. **20** 578.

21 Subtract line 20 from line 15. This is your **adjusted gross income**. ▶ **21** 43,490.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form **1040A** (2006)

Tax, credits, and payments

22 Enter the amount from line 21 (adjusted gross income) **22** 43,490.

23 a Check if: ☐ You were born before January 2, 1942, ☐ Blind ☐ Spouse was born before January 2, 1942, ☐ Blind ☐ Total boxes checked **23 a** ☐

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here **23 b** ☐

24 Enter your **standard deduction** (see left margin) **24** 5,150.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- **25** 38,340.

26 If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d **26** 3,300.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income** **27** 35,040.

28 Tax, including any alternative minimum tax (see instructions) **28** 5,314.

29 Credit for child and dependent care expenses. Attach Schedule 2 **29**

30 Credit for the elderly or the disabled. Attach Schedule 3 **30**

31 Education credits. Attach Form 8863 **31**

32 Retirement savings contributions credit. Attach Form 8880 **32**

33 Child tax credit (see instructions). Attach Form 8901 if required **33**

34 Add lines 29 through 33. These are your **total credits** **34**

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0- **35** 5,314.

36 Advance earned income credit payments from Form(s) W-2, box 9 **36**

37 Add lines 35 and 36. This is your **total tax** **37** 5,314.

38 Federal income tax withheld from Forms W-2 and 1099 **38** 6,810.

39 2006 estimated tax payments and amount applied from 2005 return **39**

40 a **Earned income credit (EIC)** **40 a**

b Nontaxable combat pay election **40 b**

41 Additional child tax credit. Attach Form 8812 **41**

42 Credit for federal telephone excise tax paid. Attach Form 8913 if required **42**

43 Add lines 38, 39, 40a, 41, and 42. These are your **total payments** **43** 6,810.

44 If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you **overpaid** **44** 1,496.

45 a Amount of line 44 you want **refunded to you**. If Form 8888 is attached, check here **45 a** 1,496.

b Routing number **322271627** c Type: ☒ Checking ☐ Savings

d Account number **0944270016**

46 Amount of line 44 you want **applied to your 2007 estimated tax** **46**

Refund

Direct deposit? See instructions and fill in 45b, 45c, and 45d or Form 8888.

Amount you owe

47 **Amount you owe**. Subtract line 43 from line 37. For details on how to pay, see instructions **47**

48 **Estimated tax penalty** (see instructions) **48**

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name Phone no. Personal identification number (PIN)

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. ☐ Your signature Date Your occupation Daytime phone number

Keep a copy for your records. ☐ Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid preparer's use only

Preparer's signature Date Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

Self-Prepared EIN

Phone no.

| | | |
|---|---|--------------|
| Declaration Control Number: 00-440044-44859-7 Accepted: 02/04/2007 Shannon S. Scott 10773 Lawler Street APT 202 Los Angeles, CA 90034-0000 | | |
| Balance Due/Refund | Your California state tax return (Form 540) shows a refund due to you in the amount of \$131.00. Your tax refund should be direct deposited into the following account within 10 to 16 days: Account Number: 0944270016 Routing Transit Number: 322271627. | |
| Where's My Refund? | If you do not receive your refund, or the amount isn't what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ . | |
| What You Need to Sign | Sign and date Form 8453-OL within 1 day of acceptance. | |
| Do Not Mail | Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return. | |
| What You Need to Keep | Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) Printed copy of your state and federal returns | |
| 2006 California Tax Return Summary | Taxable Income | \$ 40,080.00 |
| | Total Tax | \$ 1,553.00 |
| | Total Payments/Credits | \$ 1,684.00 |
| | Amount to be Refunded | \$ 131.00 |
| | Effective Tax Rate | 8.0% |

California Resident
Income Tax Return 2006

540 C1 Side 1

APE DO NOT ATTACH FEDERAL RETURN

014-52-7806 SCOT
SHANNON S SCOTT

06

P
AC
A
R
RP

10773 LAWLER STREET APT 202
LOS ANGELES CA 90034-0000

| | | | | | | | |
|----|-------|----|-----|----|-----|------------|------------|
| 01 | 1 | 37 | 0 | 58 | 0 | APE | 0 |
| 06 | 0 | 38 | 0 | 59 | 0 | 3800 | 0 |
| 09 | 0 | 39 | 0 | 60 | 0 | 3803 | 0 |
| 10 | 0 | 40 | 0 | 61 | 0 | SCHG1 | 0 |
| 12 | 44068 | 41 | 0 | 62 | 0 | 5870A | 0 |
| 14 | 0 | 42 | 0 | 63 | 0 | 5805 5805F | 0 |
| 16 | 0 | 43 | 0 | 64 | 0 | TPID | |
| 17 | 43490 | 45 | 131 | 65 | 0 | FN | |
| 18 | 3410 | 46 | 0 | 67 | 0 | | |
| 20 | 1644 | 47 | 131 | 69 | 131 | | |
| 23 | 0 | 48 | 0 | 70 | 131 | | |
| 25 | 0 | 49 | 0 | 71 | | | |
| 26 | 0 | 50 | 0 | | | | |
| 27 | 0 | 51 | 0 | | | | |
| 28 | 0 | 52 | 0 | | | | 322271627 |
| 31 | 0 | 53 | 0 | | | | 0944270016 |
| 32 | 0 | 54 | 0 | | | | 1 |
| 33 | 0 | 55 | 0 | | | | |
| 34 | 1553 | 56 | 0 | | | | |
| 36 | 1684 | 57 | 0 | | | | |

| | | | | |
|----------------|----|---|----|---|
| Filing Status | 1 | <input checked="" type="checkbox"/> Single | 4 | <input type="checkbox"/> Head of household (with qualifying person). (See instructions) |
| | 2 | <input type="checkbox"/> Married filing jointly (see instructions). | 5 | <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse died _____. |
| | 3 | <input type="checkbox"/> Married filing separately. Enter spouse's SSN or ITIN above and full name here _____. | | |
| Exemptions | 6 | If someone can claim you (or your spouse) as a dependent, check the box here (see instructions) <input type="checkbox"/> 6 | | |
| | 7 | Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, do not enter amount on line 7 | 7 | <input type="checkbox"/> 1 x \$91 = \$ 91. |
| | 8 | Blind: If you (or your spouse) are visually impaired, enter 1; if both, enter 2 | 8 | <input type="checkbox"/> x \$91 = \$ |
| | 9 | Senior: If you (or your spouse) are 65 or older, enter 1; if both, enter 2 | 9 | <input type="checkbox"/> x \$91 = \$ |
| | 10 | Dependents: Enter name and relationship. Do not include yourself or your spouse. | | |
| | | Total dependent exemptions | 10 | <input type="checkbox"/> x \$285 = \$ |
| Taxable Income | 11 | Exemption amount: Add line 7 through line 10. Transfer this amount to line 21. | 11 | \$ 91. |
| | 12 | State wages from your Form(s) W-2, box 16, or CA Sch. W-2 CG, line C. | 12 | 44,068. |
| | 13 | Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4 | 13 | 43,490. |
| | 14 | California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B | 14 | |
| | 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see instructions) | 15 | 43,490. |
| | 16 | California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C | 16 | |
| | 17 | California adjusted gross income. Combine line 15 and line 16 | 17 | 43,490. |
| | 18 | Enter the larger of your CA standard deduction OR your CA itemized deductions | 18 | 3,410. |
| | 19 | Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- | 19 | 40,080. |
| Tax | 20 | Tax. Check box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803 | 20 | 1,644. |
| | 21 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$150,743 (see instrs) | 21 | 91. |
| | 22 | Subtract line 21 from line 20. If less than zero, enter -0- | 22 | 1,553. |
| | 23 | Tax. (See instructions) Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A | 23 | |
| | 24 | Add line 22 and line 23. Continue to Side 2. | 24 | 1,553. |

051 3101066

Your Name: SHANNON S. SCOTT

Your SSN or ITIN: 014-52-7806

| | |
|--|-----------|
| Amount from Side 1, line 24 | 1,553. |
| Special Credits | |
| 25 Credit Code amount 25 | |
| 26 Credit Code amount 26 | |
| 27 To claim more than two credits (see instructions) | 27 |
| 28 Nonrefundable renter's credit (see instructions) | 28 |
| 29 Add line 25 through line 28. These are your total credits | 29 |
| 30 Subtract line 29 from line 24. If less than zero, enter -0- | 30 1,553. |
| Other Taxes | |
| 31 Alternative minimum tax. Attach Schedule P (540) | 31 0. |
| 32 Mental Health Services Tax (see instructions) | 32 |
| 33 Other taxes and credit recapture (see instructions) | 33 |
| 34 Add line 30, line 31, line 32, and line 33. This is your total tax | 34 1,553. |
| Payments | |
| 36 California income tax withheld (see instructions) | 36 1,684. |
| 37 2006 CA estimated tax and other payments (see instructions) | 37 |
| 38 Real estate withholding. (Form(s) 592-B, 593-B, and 594) (See instructions) | 38 |
| 39 Excess SDI (see instructions) | 39 |
| Child and Dependent Care Expenses Credit (see instructions). Attach form FTB 3506. | |
| 40 41 42 43 | |
| 44 Add line 36, line 37, line 38, line 39, and line 43. These are your total payments (see instructions) | 44 1,684. |
| Overpaid Tax/ Tax Due | |
| 45 Overpaid tax. If line 44 is more than line 34, subtract line 34 from line 44 | 45 131. |
| 46 Amount of line 45 applied to 2007 estimated tax | 46 0. |
| 47 Overpaid. Subtract line 46 from line 45 | 47 131. |
| 48 Tax due. If line 44 is less than line 34, subtract line 44 from line 34 | 48 |
| Use Tax | |
| 49 Use Tax. This is not a total line (see instructions) | 49 00 |
| Contributions | |
| CA Seniors Special Fund (see instructions) | 50 |
| Alzheimer's Disease/Related Disorders Fund | 51 |
| CA Fund for Senior Citizens | 52 |
| Rare and Endangered Species Preservation Program | 53 |
| State Children's Trust Fund for the Prevention of Child Abuse | 54 |
| CA Breast Cancer Research Fund | 55 |
| CA Firefighters' Memorial Fund | 56 |
| Emergency Food Assistance Program Fund | 57 |
| CA Peace Officer Memorial Foundation Fund | 58 |
| CA Military Family Relief Fund | 59 |
| Veterans' Quality of Life Fund | 60 |
| CA Sexual Violence Victim Services Fund | 61 |
| CA Colorectal Cancer Prevention Fund | 62 |
| CA Sea Otter Fund | 63 |
| 64 Add line 50 through line 63. These are your total contributions | 64 |
| Amount You Owe | |
| 65 AMOUNT YOU OWE. Add line 48, line 49, and line 64 (see instructions). Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 | 65 |
| 66 Interest, late return penalties, and late payment penalties | 66 |
| 67 Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached | 67 |
| 68 Total amount due (see instructions). Enclose, but do not staple, any payment | 68 |

| | | |
|----------------------------------|--|---------|
| Refund and Direct Deposit | 69 REFUND OR NO AMOUNT DUE. Subtract line 48, and line 64 from line 47 (see instructions). Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 | 69 131. |
|----------------------------------|--|---------|

Have your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip (see instructions).

All or portion of total refund (line 69) you want to direct deposit:

| | | | |
|--|------------|------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Checking | | | |
| <input type="checkbox"/> Savings | | | |
| 322271627 | 0944270016 | | |
| ● Routing number | ● Type | ● Account number | 70 Amount you want to direct deposit |

Remaining portion of total refund (line 69) you want to direct deposit:

| | | | |
|-----------------------------------|--------|------------------|--------------------------------------|
| <input type="checkbox"/> Checking | | | |
| <input type="checkbox"/> Savings | | | |
| ● Routing number | ● Type | ● Account number | 71 Amount you want to direct deposit |

Sign Here

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature _____ Spouse's signature (if filing jointly, both must sign) _____ Daytime phone number (optional) _____

Date

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

X _____ X _____
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)
Self Prepared

Paid Preparer's SSN/PTIN

Firm's name (or yours if self-employed)

Firm's address

FEIN

TAXABLE YEAR

DO NOT ATTACH PAYMENT TO THIS SCHEDULE

CALIFORNIA SCHEDULE

2006

Wage and Withholding Summary

W-2 CG

Important: Attach this schedule directly behind Page 2 of your return.

Name(s) as shown on return

SSN or ITIN

Shannon S. Scott

014-52-7806

Caution: If your Form(s) W-2 are from multiple states, or this schedule is not filled out, then attach copies of your Form(s) W-2, 592-B, 593-B, 594, and 1099 showing CA tax withheld. Attach this schedule directly behind Side 2 of your return.

Taxpayer W-2 information. (Transfer amounts from your Form(s) W-2 to the appropriate boxes below.) Complete a box for each Form W-2 you receive.

1st W-2

| | |
|---|---------------------------|
| Social Security Number (box d) | 014-52-7806 |
| Employer ID Number (EIN) (box b) | 95-3525313 |
| State & Employer's State ID Number (box 15) | CA 281-6819-3 |
| Employer Name (box c) | Merit Property Management |
| State Wages, Tips, etc. (box 16) | 30,590. |
| CA State Income Tax (box 17) | 1,117. |
| Social Security Wages (box 3) | 32,557. |
| SDI (Local Income Tax) (box 14 or 19) | 260. |

2nd W-2

| | |
|---|---------------------|
| Social Security Number (box d) | 014-52-7806 |
| Employer ID Number (EIN) (box b) | 51-0548378 |
| State & Employer's State ID Number (box 15) | CA 252-3872-6 |
| Employer Name (box c) | Active Singles, LLC |
| State Wages, Tips, etc. (box 16) | 13,478. |
| CA State Income Tax (box 17) | 567. |
| Social Security Wages (box 3) | 13,478. |
| SDI (Local Income Tax) (box 14 or 19) | 108. |

3rd W-2

| | |
|---|--|
| Social Security Number (box d) | |
| Employer ID Number (EIN) (box b) | |
| State & Employer's State ID Number (box 15) | |
| Employer Name (box c) | |
| State Wages, Tips, etc. (box 16) | |
| CA State Income Tax (box 17) | |
| Social Security Wages (box 3) | |
| SDI (Local Income Tax) (box 14 or 19) | |

4th W-2

| | |
|---|--|
| Social Security Number (box d) | |
| Employer ID Number (EIN) (box b) | |
| State & Employer's State ID Number (box 15) | |
| Employer Name (box c) | |
| State Wages, Tips, etc. (box 16) | |
| CA State Income Tax (box 17) | |
| Social Security Wages (box 3) | |
| SDI (Local Income Tax) (box 14 or 19) | |

Spouse W-2 information. (Transfer amounts from your Form(s) W-2 to the appropriate boxes below.) Complete a box for each Form W-2 you receive.

1st W-2

| | |
|---|--|
| Social Security Number (box d) | |
| Employer ID Number (EIN) (box b) | |
| State & Employer's State ID Number (box 15) | |
| Employer Name (box c) | |
| State Wages, Tips, etc. (box 16) | |
| CA State Income Tax (box 17) | |
| Social Security Wages (box 3) | |
| SDI (Local Income Tax) (box 14 or 19) | |

2nd W-2

| | |
|---|--|
| Social Security Number (box d) | |
| Employer ID Number (EIN) (box b) | |
| State & Employer's State ID Number (box 15) | |
| Employer Name (box c) | |
| State Wages, Tips, etc. (box 16) | |
| CA State Income Tax (box 17) | |
| Social Security Wages (box 3) | |
| SDI (Local Income Tax) (box 14 or 19) | |

3rd W-2

| | |
|---|--|
| Social Security Number (box d) | |
| Employer ID Number (EIN) (box b) | |
| State & Employer's State ID Number (box 15) | |
| Employer Name (box c) | |
| State Wages, Tips, etc. (box 16) | |
| CA State Income Tax (box 17) | |
| Social Security Wages (box 3) | |
| SDI (Local Income Tax) (box 14 or 19) | |

4th W-2

| | |
|---|--|
| Social Security Number (box d) | |
| Employer ID Number (EIN) (box b) | |
| State & Employer's State ID Number (box 15) | |
| Employer Name (box c) | |
| State Wages, Tips, etc. (box 16) | |
| CA State Income Tax (box 17) | |
| Social Security Wages (box 3) | |
| SDI (Local Income Tax) (box 14 or 19) | |

A Total state wages from your Form(s) W-2 for taxpayer (Add box 16 from all Form(s) W-2 for taxpayer) \$ 44,068.
For nonresidents or part-year residents, enter your total California wages from all your Form(s) W-2 for taxpayer (Add box 16 from all Form(s) W-2 for taxpayer).

B Total state wages from your Form(s) W-2 for spouse (Add box 16 from all Form(s) W-2 for spouse) \$
For nonresidents or part-year residents, enter your total California wages from all your Form(s) W-2 for spouse (Add box 16 from all Form(s) W-2 for spouse).

C Total California Wages from all Form(s) W-2 (Add line A and line B, and enter on line C.) \$ 44,068.

D Transfer the amount on line C to Form 540 2EZ, line 9; Form 540A, line 12a; Form 540, Form 540NR (Long or Short), line 12. If completing Form 540X, report any W-2 income on line a, Column B, that was not reported on your original tax return.

For Privacy Notice, get form FTB 1131.

051

8041064

CAIA4501 10/30/06 Schedule W-2 CG (2006)

Shannon S Scott
1123 1/2 Sutter Street
San Diego, CA 92103-2823

2005 U.S. INDIVIDUAL INCOME TAX RETURN SUMMARY

| | | |
|-----------------------|----|---------|
| Adjusted Gross Income | \$ | 38,527 |
| Taxable Income | \$ | 30,327 |
| Total Tax | \$ | 4,246 |
| Total Payments | \$ | 5,884 |
| Refund | \$ | 1,638 |
| Effective Tax Rate | | 11.02 % |

INSTRUCTIONS FOR FILING YOUR RETURN ELECTRONICALLY

If you file electronically, make sure to follow the Electronic Filing Instructions to complete your tax return.

Come back to TurboTax in 24 to 48 hours to check the status of your return. TurboTax will let you know if your return has been accepted or rejected by the IRS.

If the IRS accepts your tax return, TurboTax will walk you through the final steps of electronic filing. It may involve printing and mailing some electronic filing forms. (DO NOT mail a printed copy of your tax return to the IRS. They already received an electronic copy of your tax return.)

If your return is rejected due to an error, you have two options. You must fix the error and retransmit your return electronically, or you can mail a printed copy of your return to the IRS. To mail your printed return, follow the mailing instructions below.

INSTRUCTIONS FOR FILING YOUR RETURN BY MAIL

Your federal Form 1040A shows a refund of \$1,638.

Please mail your return to the following IRS address postmarked by Monday, April 17, 2006.

Internal Revenue Service Center
Fresno, CA 93888-0015

Be sure to sign and date your return and include the proper amount of postage on the envelope.

ATTACHMENTS

Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040A.

KEEP THIS PAGE FOR YOUR RECORDS -- DO NOT MAIL.

Form **1040A** U.S. Individual Income Tax Return (99) **2005**

Label
(See instructions.)

Use the IRS label.
Otherwise, please print or type.

Presidential Election Campaign

Filing status

Check only one box.

IRS Use Only — Do not write or staple in this space.

OMB No. 1545-0074

Your first name and initial Last name

Shannon S Scott

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.

1123 1/2 Sutter Street

City, town or post office. If you have a foreign address, see instructions. State ZIP code

San Diego CA 92103-2823

Your social security number

014-52-7806

Spouse's social security number

▲ You must enter your SSN(s) above ▲

Checking a box below will not change your tax or refund

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here ►

4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here ►

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a.

b ☐ Spouse

c Dependents:

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> If qualifying child for child tax credit |
|--------------------------|--|-------------------------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation

Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above ► 1

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 39,156.

8 a Taxable interest. Attach Schedule 1 if required. 8 a

b Tax-exempt interest. Do not include on line 8a. 8 b

9 a Ordinary dividends. Attach Schedule 1 if required 9 a

b Qualified dividends (see instructions). 9 b

10 Capital gain distributions (see instructions). 10

11 a IRA distributions 11 a 11 b Taxable amount 11 b

12 a Pensions and annuities 12 a 12 b Taxable amount 12 b

13 Unemployment compensation and Alaska Permanent Fund dividends. 13

14 a Social security benefits 14 a 14 b Taxable amount 14 b

15 Add lines 7 through 14b (far right column). This is your **total income**. ► 15 39,156.

Adjusted gross income

16 Educator expenses (see instructions) 16

17 IRA deduction (see instructions) 17

18 Student loan interest deduction (see instructions) 18 629.

19 Tuition and fees deduction (see instructions) 19

20 Add lines 16 through 19. These are your **total adjustments** 20 629.

21 Subtract line 20 from line 15. This is your **adjusted gross income**. ► 21 38,527.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040A (2005)

Tax,
credits,
and
payments

Standard Deduction for —

- People who checked any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$5,000
 - Married filing jointly or Qualifying widow(er), \$10,000
 - Head of Household, \$7,300

If you have a qualifying child, attach Schedule EIC.

| | | | |
|------|---|------|--------------------------|
| 22 | Enter the amount from line 21 (adjusted gross income) | 22 | 38,527. |
| 23 a | Check if: <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 23 a <input type="checkbox"/> | | |
| | b If you are married filing separately and your spouse itemizes deductions, see instructions and check here | 23 b | <input type="checkbox"/> |
| 24 | Enter your standard deduction (see left margin) | 24 | 5,000. |
| 25 | Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- | 25 | 33,527. |
| 26 | If line 22 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d | 26 | 3,200. |
| 27 | Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income | 27 | 30,327. |
| 28 | Tax, including any alternative minimum tax (see instructions). | 28 | 4,246. |
| 29 | Credit for child and dependent care expenses. Attach Schedule 2 | 29 | |
| 30 | Credit for the elderly or the disabled. Attach Schedule 3 | 30 | |
| 31 | Education credits. Attach Form 8863 | 31 | |
| 32 | Retirement savings contributions credit. Attach Form 8880 | 32 | |
| 33 | Child tax credit (see instructions). Attach Form 8901 if required | 33 | |
| 34 | Adoption credit. Attach Form 8839 | 34 | |
| 35 | Add lines 29 through 34. These are your total credits | 35 | |
| 36 | Subtract line 35 from line 28. If line 35 is more than line 28, enter -0- | 36 | 4,246. |
| 37 | Advance earned income credit payments from Form(s) W-2 | 37 | |
| 38 | Add lines 36 and 37. This is your total tax | 38 | 4,246. |
| 39 | Federal income tax withheld from Forms W-2 and 1099 | 39 | 5,884. |
| 40 | 2005 estimated tax payments and amount applied from 2004 return | 40 | |
| 41 a | Earned income credit (EIC) | 41 a | |
| | b Nontaxable combat pay election. 41 b | | |
| 42 | Additional child tax credit. Attach Form 8812 | 42 | |
| 43 | Add lines 39, 40, 41a, and 42. These are your total payments | 43 | 5,884. |
| 44 | If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid | 44 | 1,638. |
| 45 a | Amount of line 44 you want refunded to you | 45 a | 1,638. |
| | b Routing number 322271627 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 0944270016 | | |
| 46 | Amount of line 44 you want applied to your 2006 estimated tax | 46 | |
| 47 | Amount you owe. Subtract line 43 from line 38. For details on how to pay, see instructions | 47 | |
| 48 | Estimated tax penalty (see instructions) | 48 | |

Refund

Direct deposit? See instructions and fill in 45b, 45c, and 45d.

Amount
you oweThird party
designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

| | | |
|--|------------------------------------|---|
| Designee's name <input type="checkbox"/> | Phone no. <input type="checkbox"/> | Personal identification number (PIN) <input type="checkbox"/> |
|--|------------------------------------|---|

Sign
here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

| | | | | |
|--|---|-------------------------------|--|---|
| Joint return? See instructions. <input type="checkbox"/> | Your signature <input type="checkbox"/> | Date <input type="checkbox"/> | Your occupation <input type="checkbox"/> | Daytime phone number <input type="checkbox"/> |
| Keep a copy for your records. <input type="checkbox"/> | Spouse's signature. If a joint return, both must sign. <input type="checkbox"/> | Date <input type="checkbox"/> | Spouse's occupation <input type="checkbox"/> | <input type="checkbox"/> |

Paid
preparer's
use only

| | | | |
|---|------------------------------------|---|---|
| Preparer's signature <input type="checkbox"/> | Date <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN <input type="checkbox"/> |
| Firm's name (or yours if self-employed), address, and ZIP code <input type="checkbox"/> | EIN <input type="checkbox"/> | | |
| | Phone no. <input type="checkbox"/> | | |

2005 CALIFORNIA INDIVIDUAL INCOME TAX RETURN SUMMARY

| | | |
|------------------------|----|-----------|
| Taxable Income | \$ | 35,902.00 |
| Total Tax | \$ | 1,293.00 |
| Total Payments/Credits | \$ | 1,428.00 |
| Amount to be Refunded | \$ | 135.00 |

INSTRUCTIONS FOR ELECTRONICALLY FILING YOUR RETURN

If you are filing your return electronically, make sure you come back to TurboTax in 24 to 48 hours to check the status of your return. You will receive instructions at that time on how to complete the electronic filing process. Follow those instructions.

IMPORTANT: DO NOT mail a copy of your tax return to the state taxing authority. They already received an electronic copy of your tax return.

INSTRUCTIONS FOR MAILING YOUR RETURN (NOT FOR USERS WHO FILE ELECTRONICALLY)

Your California Form 540 shows a refund of \$135.00.

Please mail your return to the following address by April 17, 2006:

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO, CA 94240-0009

Be sure to sign and date your return and include the proper amount of postage on the envelope.

INSTRUCTIONS FOR SPECIAL FORMATTING

Your printed state tax forms may look different than what you're used to seeing. Some states require us to include special formatting, such as bar codes, on computer-printed tax forms. This special formatting allows your state to process your return much more quickly and efficiently.

If your state return has this special formatting, don't worry. Your forms are completely approved by your state taxing authority.

Simply mail your state return to the address shown above.

APE

540 C1 Side 1

FEDERAL RETURN ATTACHMENT REQUIRED:

☐ YES ☒ NO

014-52-7806 SCOT
 SHANNON S SCOTT

05

1123 1/2 SUTTER STREET
 SAN DIEGO CA 92103-2823

P
 AC
 A
 R
 RP

FOR COMPUTERIZED USE ONLY

| | | | | | | | |
|----|-------|----|------|----|-----|------------|------------|
| 01 | 1 | 36 | 0 | 54 | 0 | APE | 0 |
| 06 | 0 | 37 | 1293 | 55 | 0 | 3800 | 0 |
| 09 | 0 | 38 | 1428 | 56 | 0 | 3803 | 0 |
| 10 | 0 | 39 | 0 | 57 | 0 | SCHG1 | 0 |
| 12 | 39156 | 40 | 0 | 58 | 0 | 5870A | 0 |
| 14 | 0 | 41 | 0 | 59 | 0 | 5805 5805F | 0 |
| 16 | 629 | 42 | 0 | 60 | 0 | TPID | |
| 17 | 39156 | 43 | 0 | 63 | 0 | FN | |
| 18 | 3254 | 44 | 0 | 64 | 0 | PDECD | |
| 20 | 1380 | 45 | 0 | 65 | 0 | SDECD | |
| 23 | 0 | 47 | 135 | 66 | 0 | | |
| 28 | 0 | 48 | 0 | 67 | 0 | | |
| 29 | 0 | 49 | 135 | 68 | 0 | | |
| 30 | 0 | 50 | 0 | 69 | 135 | | |
| 31 | 0 | 51 | 0 | 70 | 0 | | |
| 34 | 0 | 52 | 0 | 72 | 0 | | 322271627 |
| 35 | 0 | 53 | 0 | | | | 0944270016 |
| | | | | | | | 1 |

| | | |
|--|----|--|
| Filing Status | 1 | <input checked="" type="checkbox"/> Single |
| | 2 | <input type="checkbox"/> Married filing jointly (even if only one spouse had income). |
| Check only one. | 3 | <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. |
| | 4 | <input type="checkbox"/> Head of household (with qualifying person). STOP. See instructions. |
| | 5 | <input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse died. |
| Exemptions | 6 | If someone can claim you (or your spouse, if married) as a dependent on their tax return, check the box here. |
| Endorse, but do not staple, any payment. | 7 | Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. |
| | 8 | Blind: If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2. |
| | 9 | Senior: If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2. |
| Dependent Exemptions | 10 | Dependents: Enter name and relationship. Do not include yourself or your spouse. |
| | 11 | Exemption amount: Add line 7 through line 10. Transfer this amount to line 21. |
| Taxable Income | 12 | State wages from your Form(s) W-2, box 16, or CA Sch. W-2 CG, line C. |
| | 13 | Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4. |
| | 14 | California adjustments — subtractions. Enter the amount from Schedule CA (540), line 37, column B. |
| | 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. |
| | 16 | California adjustments — additions. Enter the amount from Schedule CA (540), line 37, column C. |
| | 17 | California adjusted gross income. Combine line 15 and line 16. |
| | 18 | Enter the larger of your California standard deduction OR your California itemized deductions. |
| | 19 | Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- |
| Tax | 20 | Tax. Check box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803. |
| Do not attach any withholding forms here. See Schedule W-2 CG, Wage and Withholding Summary. | 21 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$143,839, see instrs. |
| | 22 | Subtract line 21 from line 20. If less than zero, enter -0- |
| | 23 | Tax. See instructions. Check box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A. |
| | 24 | Add line 22 and line 23. Continue to Side 2. |

54005106051

Your Name: SHANNON S. SCOTT

Document Page 62 of 75

| | | | | | |
|--|---|--|--|--------|------|
| Special Credits and Nonrefundable Renter's Credit | 25 | Amount from Side 1, line 24 | 25 | 1,293. | |
| | 28 | Enter credit name code no. & amount | 28 | | |
| | 29 | Enter credit name code no. & amount | 29 | | |
| | 30 | To claim more than two credits, see instructions | 30 | | |
| | 31 | Nonrefundable renter's credit. See instructions | 31 | | |
| 32 | Add line 28 through line 31. These are your total credits | 32 | | | |
| 33 | Subtract line 32 from line 25. | 33 | | | |
| | If less than zero, enter -0- | 33 | 1,293. | | |
| Other Taxes | 34 | Alternative minimum tax. Attach Schedule P (540) | 34 | 0. | |
| | 35 | Mental Health Services Tax. See instructions | 35 | | |
| | 36 | Other taxes and credit recapture. See instructions | 36 | | |
| 37 | Add line 33 through line 36. This is your total tax | 37 | 1,293. | | |
| Payments | 38 | California income tax withheld. See instructions | 38 | 1,428. | |
| | 39 | 2005 California estimated tax and other payments. See instructions | 39 | | |
| | 40 | Real estate withholding. (Form(s) 592-B, 593-B, and 594) See instructions | 40 | | |
| | 41 | Excess SDI. To see if you qualify, see instructions | 41 | | |
| | Child and Dependent Care Expenses Credit. See instructions, attach form FTB 3506. | | | | |
| | 42 | | 43 | | |
| | 44 | | 45 | | |
| | 46 | Add line 38, line 39, line 40, line 41, and line 45. See instructions | 46 | 1,428. | |
| Overpaid Tax/ Tax Due | 47 | Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 | 47 | 135. | |
| | 48 | Amount of line 47 you want applied to your 2006 estimated tax | 48 | 0. | |
| | 49 | Overpaid tax available this year. Subtract line 48 from line 47 | 49 | 135. | |
| 50 | Tax due. If line 46 is less than line 37, subtract line 46 from line 37. See instructions | 50 | | | |
| Use Tax | 51 | Use Tax. This is not a total line. See instructions | 51 | 00 | |
| Contributions | CA Seniors Special Fund. See instructions | 52 | Emergency Food Assistance Program Fund | 59 | |
| | Alzheimer's Disease/Related Disorders Fund | 53 | CA Peace Officer Memorial Foundation Fund | 60 | |
| | CA Fund for Senior Citizens | 54 | CA Military Family Relief Fund | 63 | |
| | Rare and Endangered Species Preservation Program | 55 | CA Prostate Cancer Research Fund | 64 | |
| | State Children's Trust Fund for the Prevention of Child Abuse | 56 | Veterans' Quality of Life Fund | 65 | |
| | CA Breast Cancer Research Fund | 57 | CA Sexual Violence Victim Services Fund | 66 | |
| | CA Firefighters' Memorial Fund | 58 | CA Colorectal Cancer Prev Fund | 67 | |
| | 68 | Add line 52 through line 67. These are your total contributions | 68 | | |
| | Refund or Amount You Owe | 69 | REFUND OR NO AMOUNT DUE. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0009 | 69 | 135. |
| | | 70 | AMOUNT YOU OWE. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0009 | 70 | |
| | Interest and Penalties | 71 | Interest, late return penalties, and late payment penalties | 71 | |
| | | 72 | Underpayment of estimated tax. Check box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached | 72 | |
| | | 73 | Total amount due. See instructions. Enclose, but do not staple, any payment. | 73 | |
| | | | 74 | 4 | |

Direct Deposit (Refund Only) Do not attach a voided check or a deposit slip. See instructions. Complete this section to have your refund directly deposited. Routing number 322271627

Account Type: Checking ☒ Savings ☐ Account number 0944270016

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions.

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature ☒ Spouse's signature (if filing jointly, both must sign) ☒ Daytime phone number (optional) 6

X Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) X

Self Prepared

Firm's name (or yours if self-employed) Firm's address FEIN

2005

California Adjustments – Residents

CA (540)

Important: Attach this schedule directly behind Form 540, Side 2.

Name(s) as shown on return

Social security number

Shannon S. Scott

014-52-7806

Part I Income Adjustment Schedule**Section A – Income**

| | A | Federal Amounts (taxable amounts from your federal return) | B | Subtractions See instructions | C | Additions See instructions |
|---|-----|--|---|----------------------------------|---|-------------------------------|
| 7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C | 7 | 39,156. | | | | |
| 8 Taxable interest income | 8 | | | | | |
| 9 Ordinary dividends. See instructions (b) | (a) | | | | | |
| 10 Taxable refunds, credits, offsets of state and local income taxes | 10 | | | | | |
| 11 Alimony received | 11 | | | | | |
| 12 Business income or (loss) | 12 | | | | | |
| 13 Capital gain or (loss). See instructions | 13 | | | | | |
| 14 Other gains or (losses) | 14 | | | | | |
| 15 Total IRA distributions. See instructions (a) | (b) | | | | | |
| 16 Total pensions and annuities. See instructions (a) | (b) | | | | | |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc | 17 | | | | | |
| 18 Farm income or (loss) | 18 | | | | | |
| 19 Unemployment compensation. Enter the same amount in column A and column B | 19 | | | | | |
| 20 Social security benefits (a) | (b) | | | | | |
| 21 Other income. | | | | | | |
| a California lottery winnings | | | a | | | |
| b Disaster loss carryover from FTB 3805V | | | b | | | |
| c Federal NOL (Form 1040, line 21) | | | c | | | |
| d NOL carryover from FTB 3805V | | | d | | | |
| e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809 | | | e | | | |
| f Other (describe) | | | f | | | |
| 22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B | 22 | 39,156. | | | | |

Section B – Adjustments to Income

| | | | | | | |
|--|------|---------|-------|--|--|--|
| 23 Educator expenses | 23 | | | | | |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials | 24 | | | | | |
| 25 Health savings account deduction | 25 | | | | | |
| 26 Moving expenses | 26 | | | | | |
| 27 One-half of self-employment tax | 27 | | | | | |
| 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | | | | | |
| 29 Self-employed health insurance deduction | 29 | | | | | |
| 30 Penalty on early withdrawal of savings | 30 | | | | | |
| 31 a Alimony paid. | | | | | | |
| b Recipient's SSN | | | | | | |
| Last name | 31 a | | | | | |
| 32 IRA deduction | 32 | | | | | |
| 33 Student loan interest deduction | 33 | 629. | 629. | | | |
| 34 Tuition and fees deduction | 34 | | | | | |
| 35 Domestic production activities deduction | 35 | | | | | |
| 36 Add line 23 through 31a and 32 through 35 in columns A, B, and C. See instrs | 36 | 629. | 629. | | | |
| 37 Total. Subtract line 36 from line 22, columns A, B, and C. See instructions | 37 | 38,527. | -629. | | | |

Part II Adjustments to Federal Itemized Deductions

| | | | |
|------|---|----|-----------|
| 38 | Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27 | 38 | 2,187. |
| 39 | Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance and state and local income tax, or General Sales Tax) and line 8 (foreign taxes only). See instructions | 39 | 1,874. |
| 40 | Subtract line 39 from line 38 | 40 | 313. |
| 41 | Other adjustments including California lottery losses. See instructions. Specify | 41 | |
| 42 | Combine line 40 and line 41 | 42 | 313. |
| 43 | Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status? | | |
| | Single or married filing separately | | \$143,839 |
| | Head of household | | \$215,762 |
| | Married filing jointly or qualifying widow(er) | | \$287,682 |
| No. | Transfer the amount on line 42 to line 43. | | |
| Yes. | Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 | 43 | 313. |
| 44 | Enter the larger of the amount on line 43 or your standard deduction listed below | | |
| | Single or married filing separately | | \$3,254 |
| | Married filing jointly, head of household, or qualifying widow(er) | | \$6,508 |
| | Transfer the amount on line 44 to Form 540, line 18 | 44 | 3,254. |

| | | | | |
|-----|--------|--------|-------|------------|
| CO. | FILE | DEPT. | CLOCK | VCHR. NO. |
| WFD | 049535 | 0US014 | | 0000440307 |

Document Page 65 of 75
Earnings Statement

325-0001

Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611
 Period Beginning: 10/12/2008
 Period Ending: 10/25/2008
 Pay Date: 10/31/2008

 Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 1
 IL: 1

00000000278

SHANNON STEWART SCOTT
 2336 W. WAVELAND AVE.
 CHICAGO IL 60618

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 72.50 | 1,923.43 | 35,994.63 |
| Holiday | | | | 974.97 |
| Ot Premium | | | | 1,332.46 |
| Ot Straight | | | | 2,664.96 |
| Salary Plan III | | | | 729.57 |
| Vac Regular | | | | 384.69 |
| Gross Pay | | | \$1,923.43 | 42,081.28 |

| Deductions | Statutory | | |
|---------------------|-----------|---------------|--|
| Federal Income Tax | -251.57 | 5,922.22 | |
| Social Security Tax | -117.72 | 2,561.11 | |
| Medicare Tax | -27.53 | 598.97 | |
| IL State Income Tax | -51.19 | 1,130.78 | |
| Other | | | |
| Bcbs Ppo | -19.85* | 397.00 | |
| Checking | -1,335.36 | | |
| Dental Ppo | -3.23* | 64.60 | |
| Vision | -1.57* | 31.40 | |
| 401K | -115.41* | 2,077.38 | |
| Mass Transit | | 280.00 | |
| Spear | | 1,300.00 | |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

 Your federal taxable wages this period are
 \$1,783.37

© 2006 ADP, Inc.

Wm. WRIGLEY Jr. Company
 410 N. MICHIGAN AVENUE
 CHICAGO, IL 60611

 Advice number: 00000440307
 Pay date: 10/31/2008

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| SHANNON STEWART SCOTT | ***** | | \$1,335.36 |

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO.
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Earnings Statement

329-0001

Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Period Beginning: 09/28/2008
Period Ending: 10/11/2008
Pay Date: 10/17/2008Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 1

00000000278

SHANNON STEWART SCOTT
2336 W. WAVELAND AVE.
CHICAGO IL 60618

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 72.50 | 1,923.43 | 34,071.20 |
| Holiday | | | | 974.97 |
| Ot Premium | | | | 1,332.46 |
| Ot Straight | | | | 2,664.96 |
| Salary Plan III | | | | 729.57 |
| Vac Regular | | | | 384.69 |
| Gross Pay | | | \$1,923.43 | 40,157.85 |

Important Notes

EFFECTIVE THIS PAY PERIOD YOUR ADDRESS HAS BEEN CHANGED.

| Deductions | Statutory | | |
|---------------------|-----------|---------------|--|
| Federal Income Tax | -247.19 | 5,670.65 | |
| Social Security Tax | -116.64 | 2,443.39 | |
| Medicare Tax | -27.28 | 571.44 | |
| IL State Income Tax | -50.67 | 1,079.59 | |
| Other | | | |
| Bcbs Ppo | -19.85* | 377.15 | |
| Checking | -1,324.09 | | |
| Dental Ppo | -3.23* | 61.37 | |
| Mass Transit | -17.50* | 280.00 | |
| Vision | -1.57* | 29.83 | |
| 401K | -115.41* | 1,961.97 | |
| Spear | | 1,300.00 | |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,765.87

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Wm. WRIGLEY Jr. Company
410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Advice number: 00000420307
Pay date: 10/17/2008

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| SHANNON STEWART SCOTT | ***** | | \$1,324.09 |

THIS IS NOT A CHECK**NON-NEGOTIABLE**

| | | | | |
|-----|--------|--------|-------|------------|
| CO. | FILE | DEPT. | CLOCK | VCHR. NO. |
| WFD | 049535 | 0US014 | | 0000400304 |

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Earnings Statement

323-0001

Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611
 Period Beginning: 09/14/2008
 Period Ending: 09/27/2008
 Pay Date: 10/03/2008

 Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 1
 IL: 1

00000000275

SHANNON STEWART SCOTT
4019 N. KENMORE AVE
APT. 1
CHICAGO IL 60613

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 72.50 | 1,923.43 | 32,147.77 |
| Holiday | | | | 974.97 |
| Ot Premium | | | | 1,332.46 |
| Ot Straight | | | | 2,664.96 |
| Salary Plan III | | | | 729.57 |
| Vac Regular | | | | 384.69 |
| Gross Pay | | | \$1,923.43 | 38,234.42 |

Important Notes

EFFECTIVE THIS PAY PERIOD YOUR ADDRESS HAS BEEN CHANGED.

| Deductions | Statutory | | |
|---------------------|-----------|---------------|----------|
| Federal Income Tax | -247.19 | | 5,423.46 |
| Social Security Tax | -116.64 | | 2,326.75 |
| Medicare Tax | -27.28 | | 544.16 |
| IL State Income Tax | -50.67 | | 1,028.92 |
| Other | | | |
| Bcbs Ppo | -19.85* | | 357.30 |
| Checking | -1,324.09 | | |
| Dental Ppo | -3.23* | | 58.14 |
| Mass Transit | -17.50* | | 262.50 |
| Vision | -1.57* | | 28.26 |
| 401K | -115.41* | | 1,846.56 |
| Spear | | | 1,300.00 |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

 Your federal taxable wages this period are
 \$1,765.87

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Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611
 Advice number: 00000400304
 Pay date: 10/03/2008

Deposited to the account of

SHANNON STEWART SCOTT

| account | number | transit | ABA | amount |
|---------|--------|---------|-----|------------|
| ***** | | | | \$1,324.09 |

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO.
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324-0001

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Earnings Statement**Wm. WRIGLEY Jr. Company**410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Period Beginning: 08/31/2008
Period Ending: 09/13/2008
Pay Date: 09/19/2008Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 1

00000000275

SHANNON STEWART SCOTT
1301 W. FLETCHER ST. #205
CHICAGO IL 60657

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 65.25 | 1,731.08 | 30,224.34 |
| Holiday | 26.5300 | 7.25 | 192.34 | 974.97 |
| Ot Premium | | | | 1,332.46 |
| Ot Straight | | | | 2,664.96 |
| Salary Plan III | | | | 729.57 |
| Vac Regular | | | | 384.69 |
| Gross Pay | | | \$1,923.42 | 36,310.99 |

| Deductions | Statutory | | |
|---------------------|-----------|---------------|--|
| Federal Income Tax | -247.19 | 5,176.27 | |
| Social Security Tax | -116.64 | 2,210.11 | |
| Medicare Tax | -27.28 | 516.88 | |
| IL State Income Tax | -50.67 | 978.25 | |
| Other | | | |
| Bcbs Ppo | -19.85* | 337.45 | |
| Checking | -1,324.08 | | |
| Dental Ppo | -3.23* | 54.91 | |
| Mass Transit | -17.50* | 245.00 | |
| Vision | -1.57* | 26.69 | |
| 401K | -115.41* | 1,731.15 | |
| Spear | | 1,300.00 | |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,765.86

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Wm. WRIGLEY Jr. Company
410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Advice number: 00000380304
Pay date: 09/19/2008

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| SHANNON STEWART SCOTT | ***** | | \$1,324.08 |

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NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO.
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Earnings Statement

339-0001

Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Period Beginning: 08/17/2008
Period Ending: 08/30/2008
Pay Date: 09/05/2008Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 1

00000000277

SHANNON STEWART SCOTT
1301 W. FLETCHER ST. #205
CHICAGO IL 60657

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 59.50 | 1,578.54 | 28,493.26 |
| Ot Premium | 26.5300 | 4.50 | 59.69 | 1,332.46 |
| Ot Straight | 26.5300 | 4.50 | 119.39 | 2,664.96 |
| Salary Plan III | 26.5300 | 13.00 | 344.89 | 729.57 |
| Holiday | | | | 782.63 |
| Vac Regular | | | | 384.69 |
| Gross Pay | | | \$2,102.51 | 34,387.57 |

| Deductions | Statutory | | |
|---------------------|-----------|---------------|----------|
| Federal Income Tax | -291.96 | | 4,929.08 |
| Social Security Tax | -127.74 | | 2,093.47 |
| Medicare Tax | -29.87 | | 489.60 |
| IL State Income Tax | -56.04 | | 927.58 |
| Other | | | |
| Bcbs Ppo | -19.85* | | 317.60 |
| Checking | -1,439.34 | | |
| Dental Ppo | -3.23* | | 51.68 |
| Mass Transit | -17.50* | | 227.50 |
| Vision | -1.57* | | 25.12 |
| 401K | -115.41* | | 1,615.74 |
| Spear | | | 1,300.00 |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,944.95

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Wm. WRIGLEY Jr. Company
410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Advice number: 00000360306
Pay date: 09/05/2008

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| SHANNON STEWART SCOTT | ***** | | \$1,439.34 |

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CO. FILE DEPT. CLOCK VCHR. NO.
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Earnings Statement

355-0001

Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Period Beginning: 08/03/2008
Period Ending: 08/16/2008
Pay Date: 08/22/2008Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 1

00000000277

SHANNON STEWART SCOTT
1301 W. FLETCHER ST. #205
CHICAGO IL 60657

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 72.50 | 1,923.43 | 26,914.72 |
| Ot Premium | 26.5300 | 11.00 | 145.91 | 1,272.77 |
| Ot Straight | 26.5300 | 11.00 | 291.83 | 2,545.57 |
| Holiday | | | | 782.63 |
| Salary Plan III | | | | 384.68 |
| Vac Regular | | | | 384.69 |
| Gross Pay | | | \$2,361.17 | 32,285.06 |

| Deductions | Statutory | | |
|---------------------|-----------|---------------|----------|
| Federal Income Tax | -356.63 | | 4,637.12 |
| Social Security Tax | -143.78 | | 1,965.73 |
| Medicare Tax | -33.63 | | 459.73 |
| IL State Income Tax | -63.80 | | 871.54 |
| Other | | | |
| Bcbs Ppo | -19.85* | | 297.75 |
| Checking | -1,505.77 | | |
| Dental Ppo | -3.23* | | 48.45 |
| Mass Transit | -17.50* | | 210.00 |
| Spear | -100.00 | | 1,300.00 |
| Vision | -1.57* | | 23.55 |
| 401K | -115.41* | | 1,500.33 |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,203.61

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Wm. WRIGLEY Jr. Company
410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Advice number: 00000340305
Pay date: 08/22/2008

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| SHANNON STEWART SCOTT | ***** | | \$1,505.77 |

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Earnings Statement

358-0001

Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Period Beginning: 07/20/2008
Period Ending: 08/02/2008
Pay Date: 08/08/2008Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 1

00000000282

SHANNON STEWART SCOTT
1301 W. FLETCHER ST. #205
CHICAGO IL 60657

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 72.50 | 1,923.43 | 24,991.29 |
| Ot Premium | 26.5300 | 10.00 | 132.65 | 1,126.86 |
| Ot Straight | 26.5300 | 10.00 | 265.30 | 2,253.74 |
| Holiday | | | | 782.63 |
| Salary Plan III | | | | 384.68 |
| Vac Regular | | | | 384.69 |
| Gross Pay | | | \$2,321.38 | 29,923.89 |

| Deductions | Statutory | | |
|---------------------|-----------|---------------|----------|
| Federal Income Tax | -346.68 | | 4,280.49 |
| Social Security Tax | -141.31 | | 1,821.95 |
| Medicare Tax | -33.05 | | 426.10 |
| IL State Income Tax | -62.61 | | 807.74 |
| Other | | | |
| Bcbs Ppo | -19.85* | | 277.90 |
| Checking | -1,480.17 | | |
| Dental Ppo | -3.23* | | 45.22 |
| Mass Transit | -17.50* | | 192.50 |
| Spear | -100.00 | | 1,200.00 |
| Vision | -1.57* | | 21.98 |
| 401K | -115.41* | | 1,384.92 |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,163.82

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Wm. WRIGLEY Jr. Company
410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Advice number: 00000320310
Pay date: 08/08/2008

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| SHANNON STEWART SCOTT | ***** | | \$1,480.17 |

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NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO.
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Earnings Statement

364-0001

Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Period Beginning: 07/06/2008
Period Ending: 07/19/2008
Pay Date: 07/25/2008Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 1

00000000284

SHANNON STEWART SCOTT
1301 W. FLETCHER ST. #205
CHICAGO IL 60657

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 58.00 | 1,538.74 | 23,067.86 |
| Ot Premium | 26.5300 | 4.50 | 59.69 | 994.21 |
| Ot Straight | 26.5300 | 4.50 | 119.39 | 1,988.44 |
| Vac Regular | 26.5300 | 14.50 | 384.69 | 384.69 |
| Holiday | | | | 782.63 |
| Salary Plan III | | | | 384.68 |
| Gross Pay | | | \$2,102.51 | 27,602.51 |

| Deductions | Statutory | | |
|---------------------|-----------|---------------|--|
| Federal Income Tax | -291.96 | 3,933.81 | |
| Social Security Tax | -127.74 | 1,680.64 | |
| Medicare Tax | -29.87 | 393.05 | |
| IL State Income Tax | -56.04 | 745.13 | |
| Other | | | |
| Bcbs Ppo | -19.85* | 258.05 | |
| Checking | -1,339.34 | | |
| Dental Ppo | -3.23* | 41.99 | |
| Mass Transit | -17.50* | 175.00 | |
| Spear | -100.00 | 1,100.00 | |
| Vision | -1.57* | 20.41 | |
| 401K | -115.41* | 1,269.51 | |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,944.95

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Wm. WRIGLEY Jr. Company
410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Advice number: 00000300311
Pay date: 07/25/2008

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| SHANNON STEWART SCOTT | ***** | | \$1,339.34 |

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Earnings Statement

364-0001

Wm. WRIGLEY Jr. Company410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Period Beginning: 06/22/2008
Period Ending: 07/05/2008
Pay Date: 07/11/2008Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
IL: 1

00000000285

SHANNON STEWART SCOTT
1301 W. FLETCHER ST. #205
CHICAGO IL 60657

Social Security Number: XXX-XX-7806

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-------------------|--------------|
| Regular | 26.5300 | 65.25 | 1,731.08 | 21,529.12 |
| Holiday | 26.5300 | 7.25 | 192.34 | 782.63 |
| Ot Premium | 26.5300 | 2.70 | 35.82 | 934.52 |
| Ot Straight | 26.5300 | 2.70 | 71.63 | 1,869.05 |
| Salary Plan III | | | | 384.68 |
| Gross Pay | | | \$2,030.87 | 25,500.00 |

| Deductions | Statutory | | |
|---------------------|-----------|---------------|--|
| Federal Income Tax | -274.05 | 3,641.85 | |
| Social Security Tax | -123.31 | 1,552.90 | |
| Medicare Tax | -28.84 | 363.18 | |
| IL State Income Tax | -53.89 | 689.09 | |
| Other | | | |
| Bcbs Ppo | -19.85* | 238.20 | |
| Checking | -1,293.22 | | |
| Dental Ppo | -3.23* | 38.76 | |
| Mass Transit | -17.50* | 157.50 | |
| Spear | -100.00 | 1,000.00 | |
| Vision | -1.57* | 18.84 | |
| 401K | -115.41* | 1,154.10 | |
| Net Pay | | \$0.00 | |

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,873.31

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Wm. WRIGLEY Jr. Company
410 N. MICHIGAN AVENUE
CHICAGO, IL 60611Advice number: 00000280312
Pay date: 07/11/2008

| Deposited to the account of | account number | transit ABA | amount |
|-----------------------------|----------------|-------------|------------|
| SHANNON STEWART SCOTT | ***** | | \$1,293.22 |

THIS IS NOT A CHECK

NON-NEGOTIABLE

Certificate Number: 00437-ILN-CC-005428842

CERTIFICATE OF COUNSELING

I CERTIFY that on November 17, 2008, at 12:38 o'clock PM MST,

Shannon S. Scott received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: November 17, 2008

By /s/Sully Serrano

Name Sully Serrano

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Scott, Shannon S

Debtor(s)

Case No. _____

Chapter 13**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

Date: 11/17/08

A. To be completed in all cases.

I (We) Shannon S Scott and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☐ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____

(Debtor or Corporate Officer, Partner or Member)

Signature: _____

(Joint Debtor)